

Name
in
Full

Mary Allen

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|-----------------------------------|---|----------------|------------|-------------------------|
| Died at | Place | County | MARYLAND | |
| Date of death 190 | Month | Day | Years | Months Days |
| Sex | Color or Race | Age | Birthplace | |
| Occupation | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Name of Wife or Husband | Sanctus Taylor | | |
| Father's Name | John Allen | | | Father's Birthplace |
| Mother's Maiden Name | Charlotte Allen | | | Mother's Birthplace |
| Name of person giving information | John Gordy | | | How related to deceased |

CAUSES OF DEATH

69

Primary

Epilepsy

How long

2 or 3 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

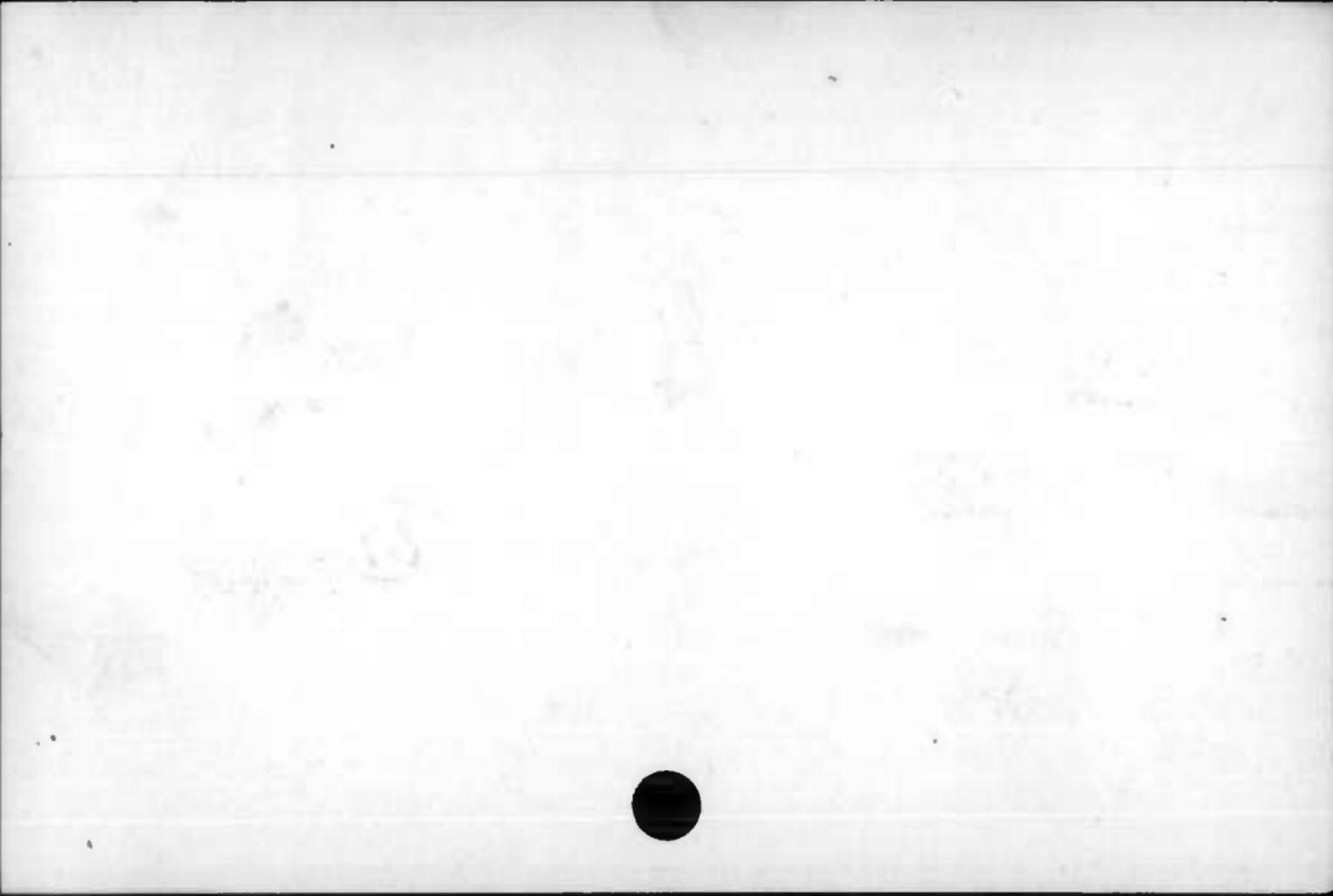
Address

W. Doctor

BP

Accident or Suicide?

OK. D. A. Massey



Name
in
Full

Unnamed Armstrong

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|----------------|---|---------|-------------------------|----------|------|--|
| Died at | | Town | County | | MARYLAND | | |
| Date of death | 1908 | Month | Day | Years | Months | Days | |
| Sex | Male | Color or Race | Colored | Birth-place | Md. | | |
| Occupation | None | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | — | | | | |
| Father's Name | Sam. Armstrong | | | Father's Birthplace | Md. | | |
| Mother's Maiden Name | Annie Standy | | | Mother's Birthplace | Md. | | |
| Name of person giving Information | Sam Armstrong | | | How related to deceased | Father | | |

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary

Still born

How long

Immediate

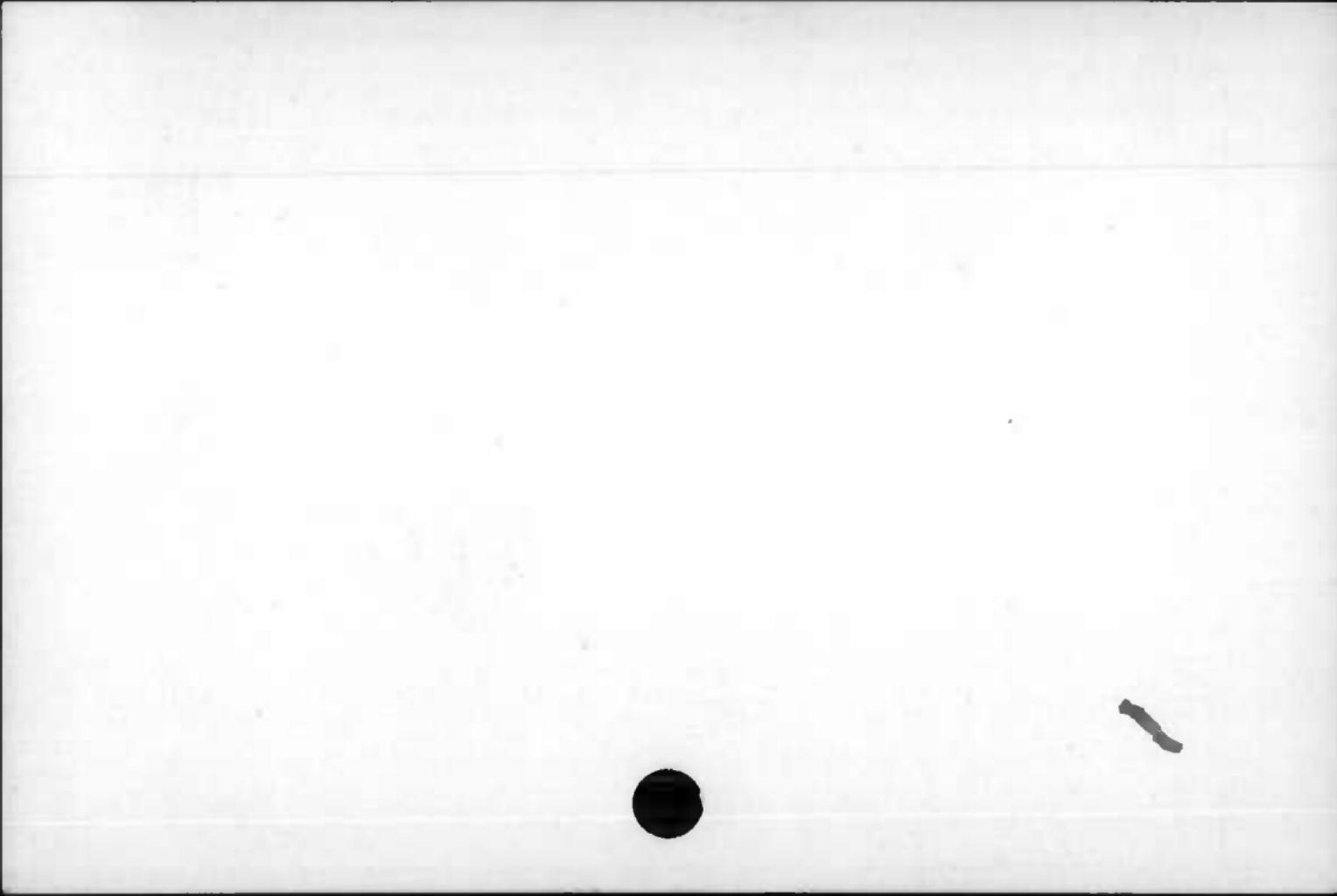
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr. Willis
Pocomoke

Address

Accident or Suicide?



Name
in
Full

Sam'l. A. Newell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|--|----------------------------------|--------|------|
| Died at | Town Pocomoke City | County Worcester | MARYLAND | | |
| Date of death 1908 | Month Jan | Day 27 | Years | Months | Days |
| Sex Male | Color or Race colored | Age 11 | Birth- place Pocomoke City | | |
| Occupation Infant | Where Residing if not at place of death 121 | | | | |
| Married, Single or Widowed 1 | Name of Wife or Husband — | | | | |
| Father's Name Alex Stagg | | Father's Birthplace Worcester Co | | | |
| Mother's Maiden Name Frances Aydelotte | | Mother's Birthplace 11 " | | | |
| Name of person giving Information Geo. W. Newell | | How related to deceased uncle | | | |

CAUSES OF DEATH

35°

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

2 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

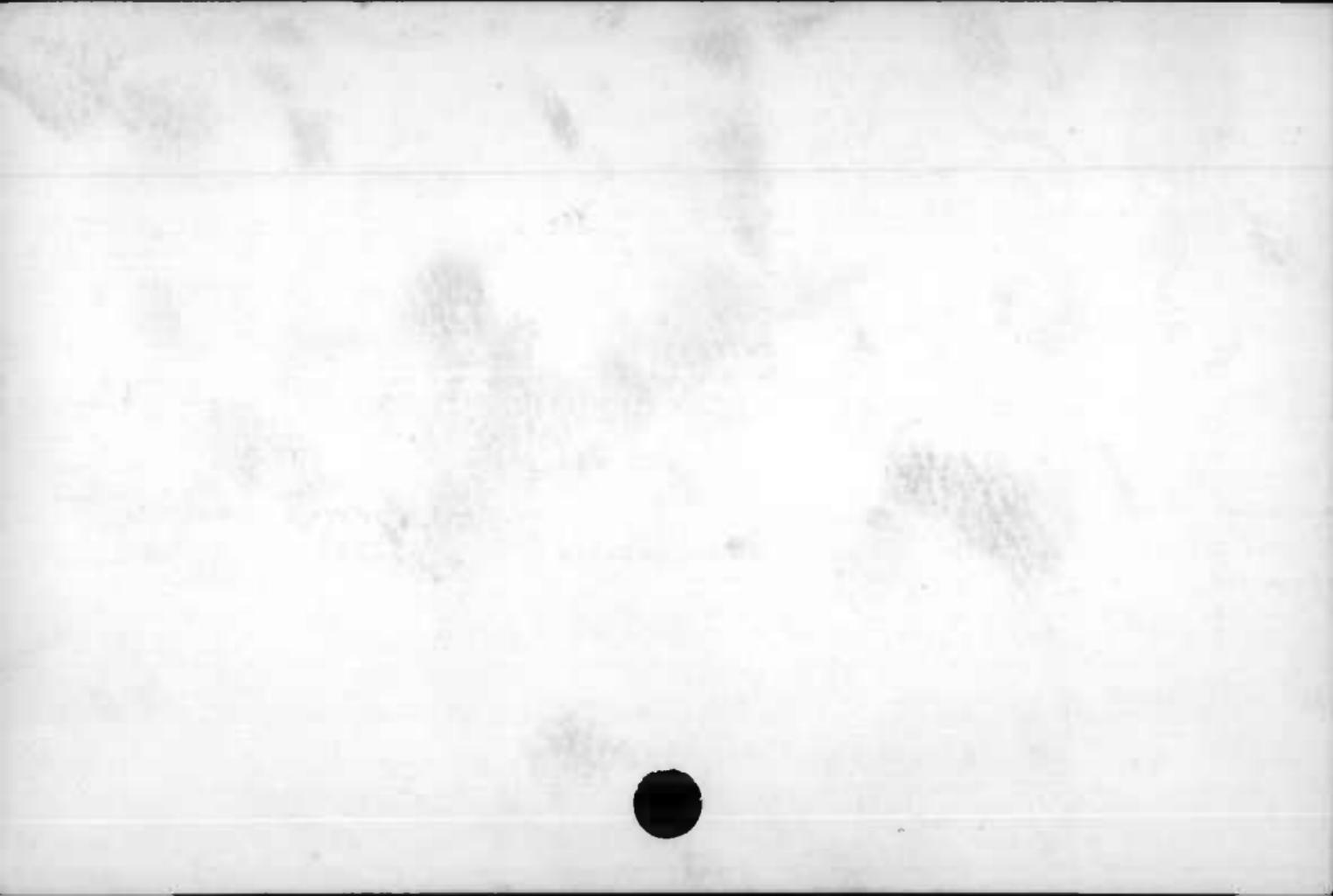
Yes

Signature of
Physician

Address

Sam'l Newell
Pocomoke City

Accident or Suicide?



Name
in
Full

Frances Agdolto

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|--------------|-------------------------|-----------|---|--------------|--|
| Died at | | Town | County | | MARYLAND | |
| Date of death | Month | Day | Years | Months | Days | |
| 1908 | Jan | 23 | 38 | | | |
| Sex | Female | Color or Race | Mosestico | | | |
| Occupation | Domestic | | | Where Residing if not at place of death | Pawmoke city | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | | | |
| Father's Name | Thos Agdolto | | | Father's Birthplace | Mosestico | |
| Mother's Maiden Name | Ann Johnson | | | Mother's Birthplace | " " | |
| Name of person giving information | Geo Mathews | | | How related to deceased | Nephew | |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

a week

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

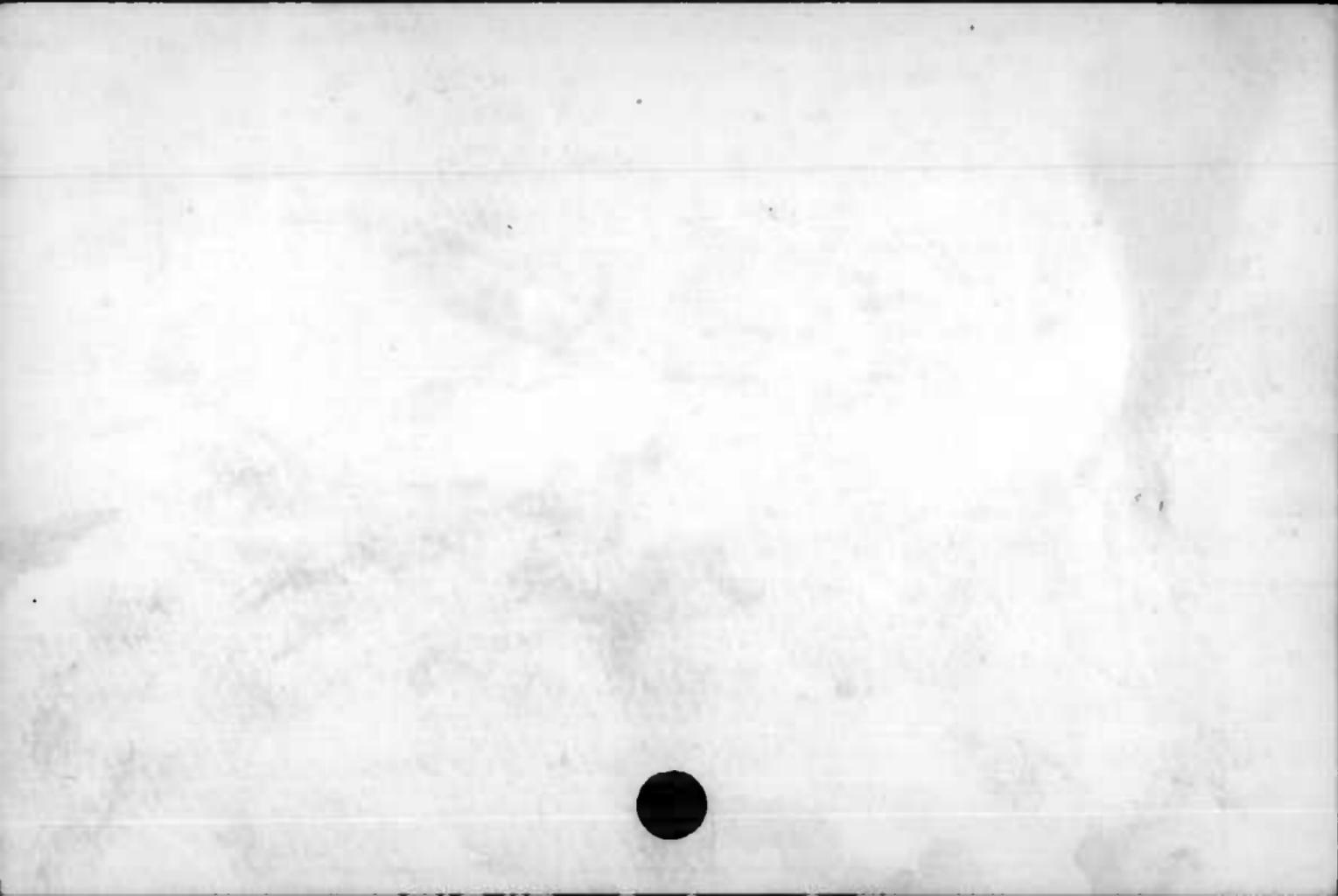
Yes

Signature of Physician

Address

Sam Johnson
Postmster at Pawmoke city

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--|---|--------------------------------------|------------------------|-------|--------|-------|
| Died at <u>Pocomoke City</u> | | County <u>Mdchester</u> | MARYLAND | | | |
| Date of death <u>1908</u> | Month <u>January</u> | Day <u>25</u> | Age <u>85</u> | Years | Months | |
| Sex <u>Female</u> | Color or Race <u>Colored</u> | Birth-place <u>Mdchester Co., Md</u> | | | | |
| Occupation <u>Housework</u> | Where Residing if not at place of death <u>James Bailey</u> | | | | | |
| Married, Single or Widowed <u>Widow</u> | Name of Wife or Husband <u>James Bailey</u> | Father's Birthplace | | | | |
| Father's Name <u>Don't know</u> | Mother's Birthplace | | | | | |
| Mother's Maiden Name <u>Don't know</u> | How related to deceased | | | | | |
| Name of person giving information <u>Elijah Williams</u> | Grandson in law | | | | | |
| CAUSES OF DEATH | | | | | | |
| Primary | <u>Falculous disease of Heart</u> | | | | | 79 |
| Immediate | <u>Tropical Cholera</u> | | | | | Years |
| Are the name, age, sex, color, date and place correctly given above? | | | Signature of Physician | | | |

PHYSICIAN
OR CORONER

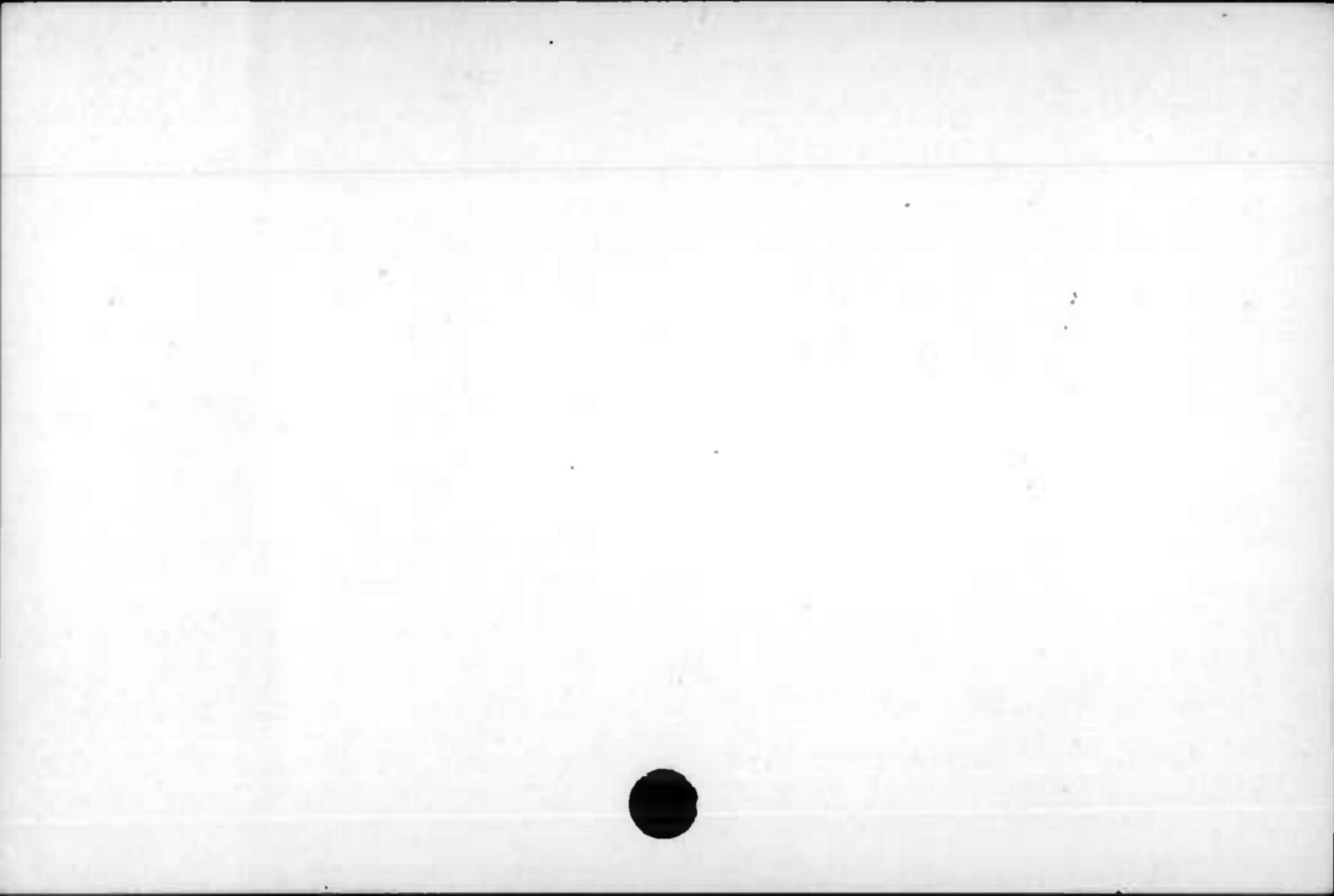
Signature

R. Lee Hall

Address

Pocomoke City, Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Albert P. Chirix

| | | | | | | | |
|--------------------------------------|----------------------------|------------------|--|-------|-----------------|------|--|
| Died at | | Town | County | | MARYLAND | | |
| Date of death | 1908 | Month | Day | Years | Months | Days | |
| Sex | Male | Color or Race | Age 73 | | Birth- place | | |
| Occupation | Former | | Where Residing if not at place of death | | | ✓ | |
| Married, Single or Widowed | Name of Wife or Husband | | Margaret Chirix | | | | |
| Father's Name | Purcell Chirix | | Father's Birthplace | | | Ind | |
| Mother's Maiden Name | Polly Sturgis | | Mother's Birthplace | | | Ind | |
| Name of person giving Information | Fadok Chirix | | How related to deceased | | | Son | |

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Heart disease

How long

Instantly

Immediate

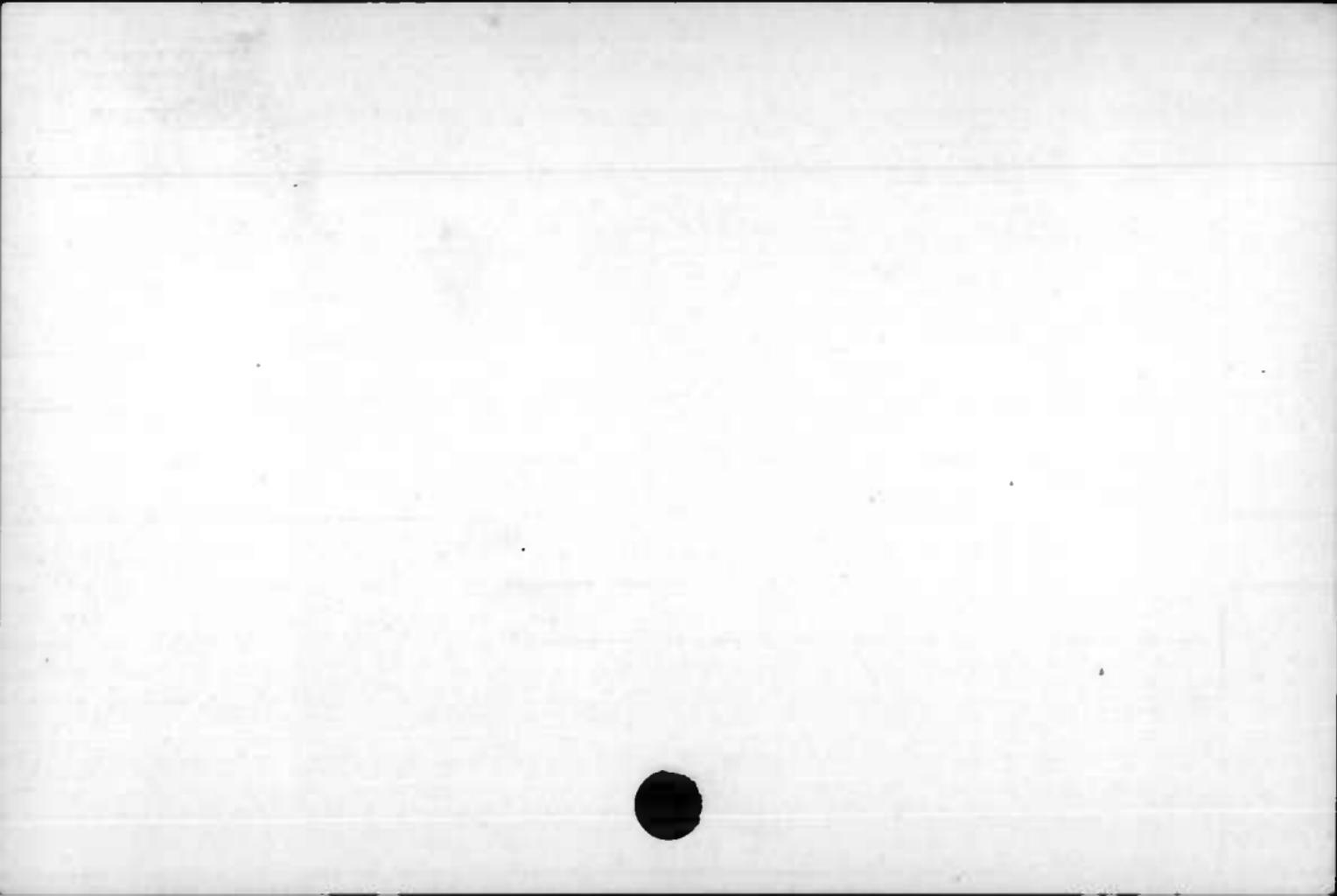
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Lue Jones
Snow Hill
MD

Accident or Suicide?



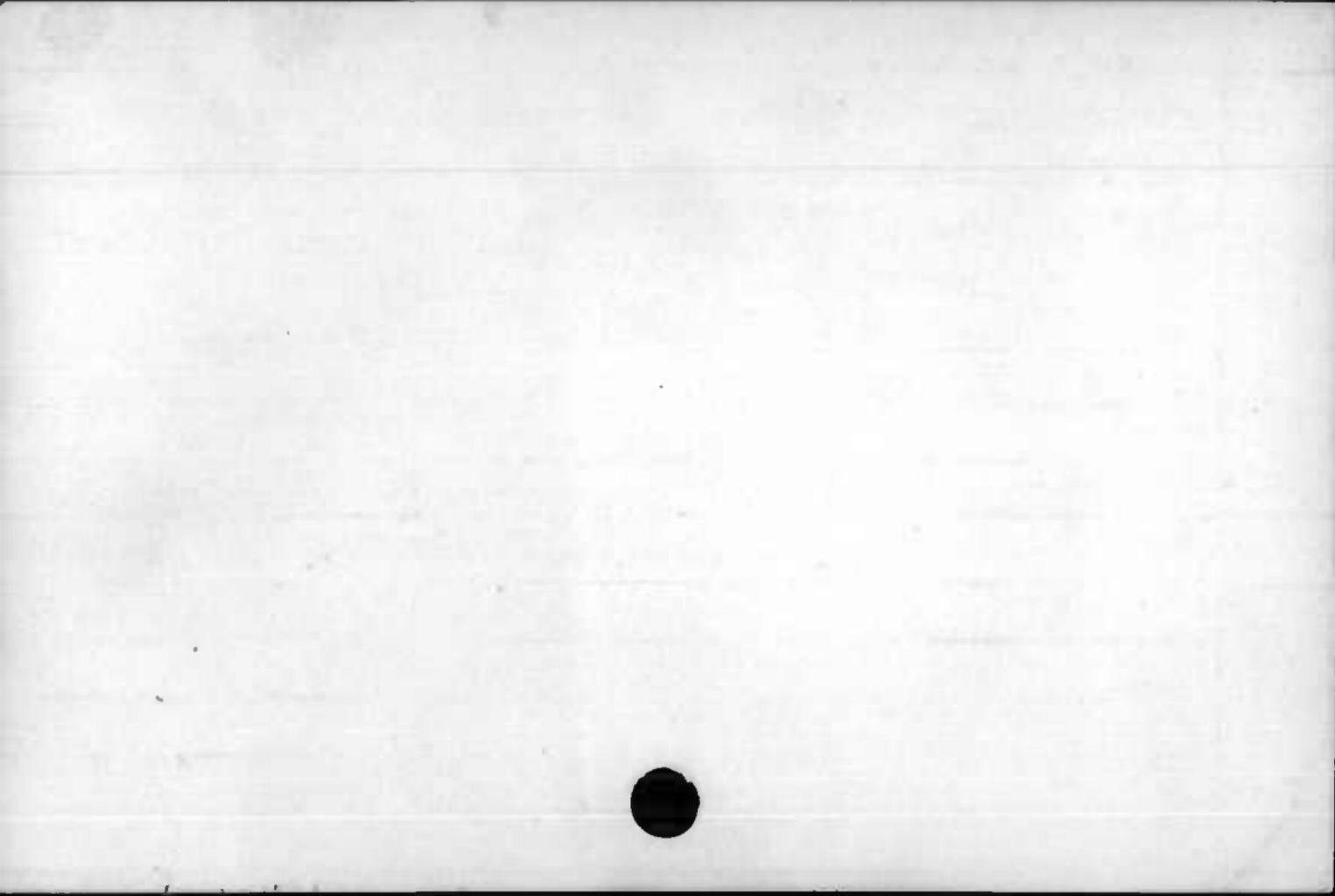
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Dr R.

| CERTIFICATE OF DEATH | | | | | |
|--|-------------------------|---------------|-------------------------|---|------|
| Town | | County | | | |
| Died at | Snow Hill | Worcester | MARYLAND | | |
| Date of death | 1908 Jan 29 | Day | Years | Months | Days |
| Age | 47 | Color or Race | White | Birth-place | End |
| Sex | Male | Occupation | laborer | Where Residing if not at place of death | |
| Married, <input checked="" type="checkbox"/> Widowed | Name of Wife or Husband | | Sallie De Dennis | | |
| Father's Name | John R. Dennis | | Father's Birthplace | End | |
| Mother's Maiden Name | Mary Produs | | Mother's Birthplace | End | |
| Name of person giving information | E. A. Produs | | How related to deceased | cousin | |
| CAUSES OF DEATH | | | | | |
| Primary | Lagufas | | How long | 3 weeks | |
| Immediate | Acute nephritis | | How long | 10 days | |
| Are the name, age, sex, color, date and place correctly given above? | | | Signature of Physician | John L. Rilly, | |
| Yes | | | Address | Snow Hill, Md. | |
| Accident or Suicide? | | | | | |



Name
in
Full

Annie Dix

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

BR

| | | | | | | |
|---|--|----------------------------------|-------------------------|--------|----------|--|
| Died at <u>near Poemotek</u> | | Town | County <u>Worcester</u> | | MARYLAND | |
| Date of death <u>1908 Jan 14</u> | Month | Day | Years | Months | Days | |
| Sex <u>Female</u> | Color or Race <u>caucasian</u> | Birth-place <u>near Poemotek</u> | | | | |
| Occupation <u>—</u> | Where Residing if not at place of death <u>—</u> | | | | | |
| Married, Single or Widowed <u>—</u> | Name of Wife or Husband <u>—</u> | | | | | |
| Father's Name <u>London Quinn</u> | Father's Birthplace <u>near Poemotek</u> | | | | | |
| Mother's Maiden Name <u>Annie S. Quinn</u> | Mother's Birthplace <u>Quidley</u> | | | | | |
| Name of person giving information <u>London Quinn</u> | How related to deceased <u>Father</u> | | | | | |

CAUSES OF DEATH

8

Primary

How long

Malaria

Immediate

How long

Whooping Cough

Are the name, age, sex, color, date and place correctly given above?

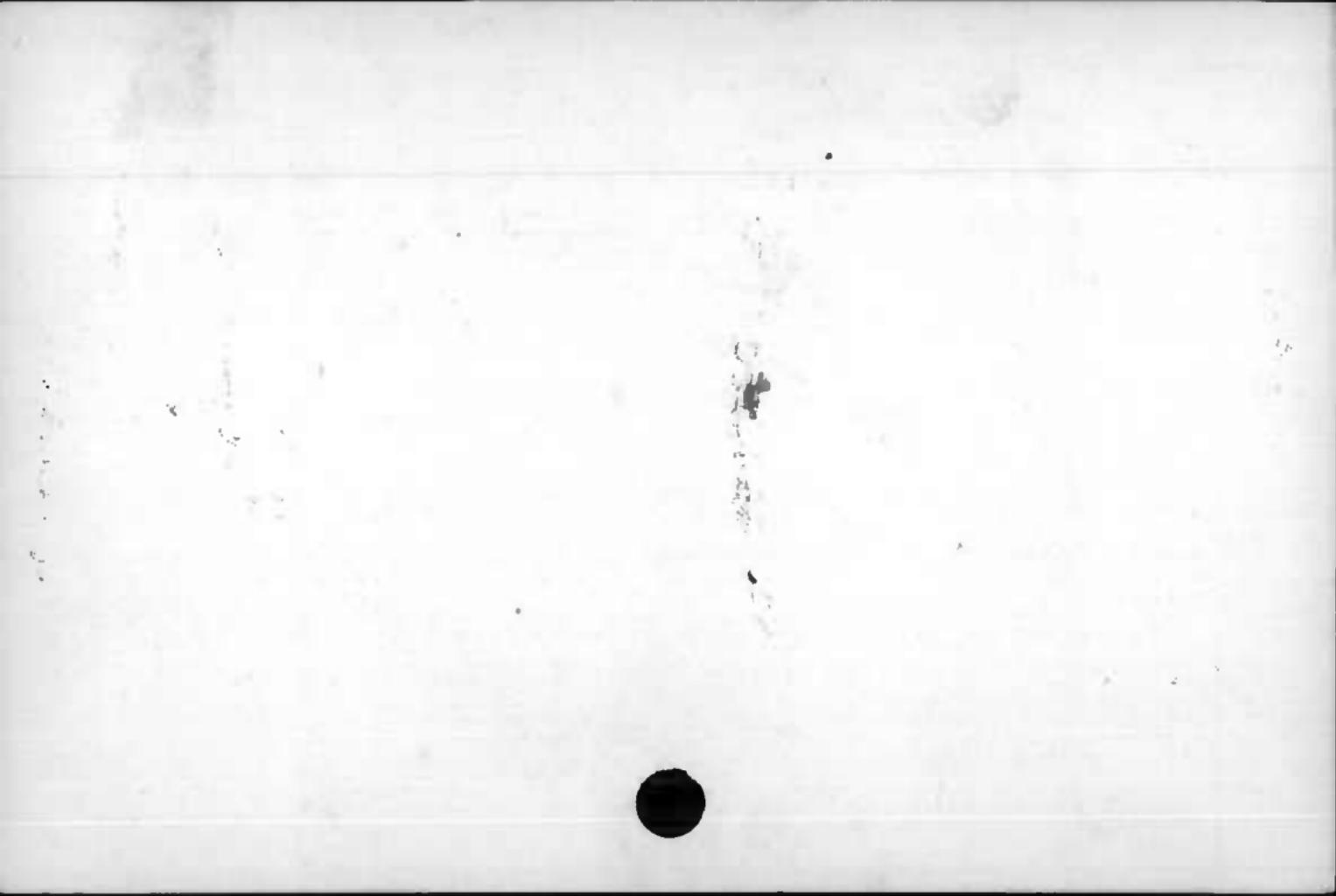
Yes

Signature of Physician

Address

S. J. L. Trust
Poemotek, Q.C.

Accident or Suicide?



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | | | |
|-----------------------------------|-------------------------|---|--------|-------|-----------|-------------------------|--|--|
| Wm. J. Dornman | | | | | | CERTIFICATE OF DEATH | | |
| Died at | | Town | County | | MARYLAND | | | |
| Date of death | 1908 Jan | Month | Day | Years | Months | Days | | |
| Sex | Male | Color or Race | Age 18 | | | | | |
| Occupation | now | Where Residing if not at place of death | | | Snow Hill | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | | | | |
| Father's Name | Jas. J. Dornman | | | | | Ind | | |
| Mother's Maiden Name | Jennie M. Mason | | | | | Brid | | |
| Name of person giving information | Jas. Stanford | | | | | How related to deceased | | |
| CAUSES OF DEATH | | | | | | 39 | | |

Primary

Osteo Sarcoma low myeloid 3 yrs

How long

Immediate

Inanition & Exhauish

How long

Are the name, age, sex, color, date and place correctly given above?

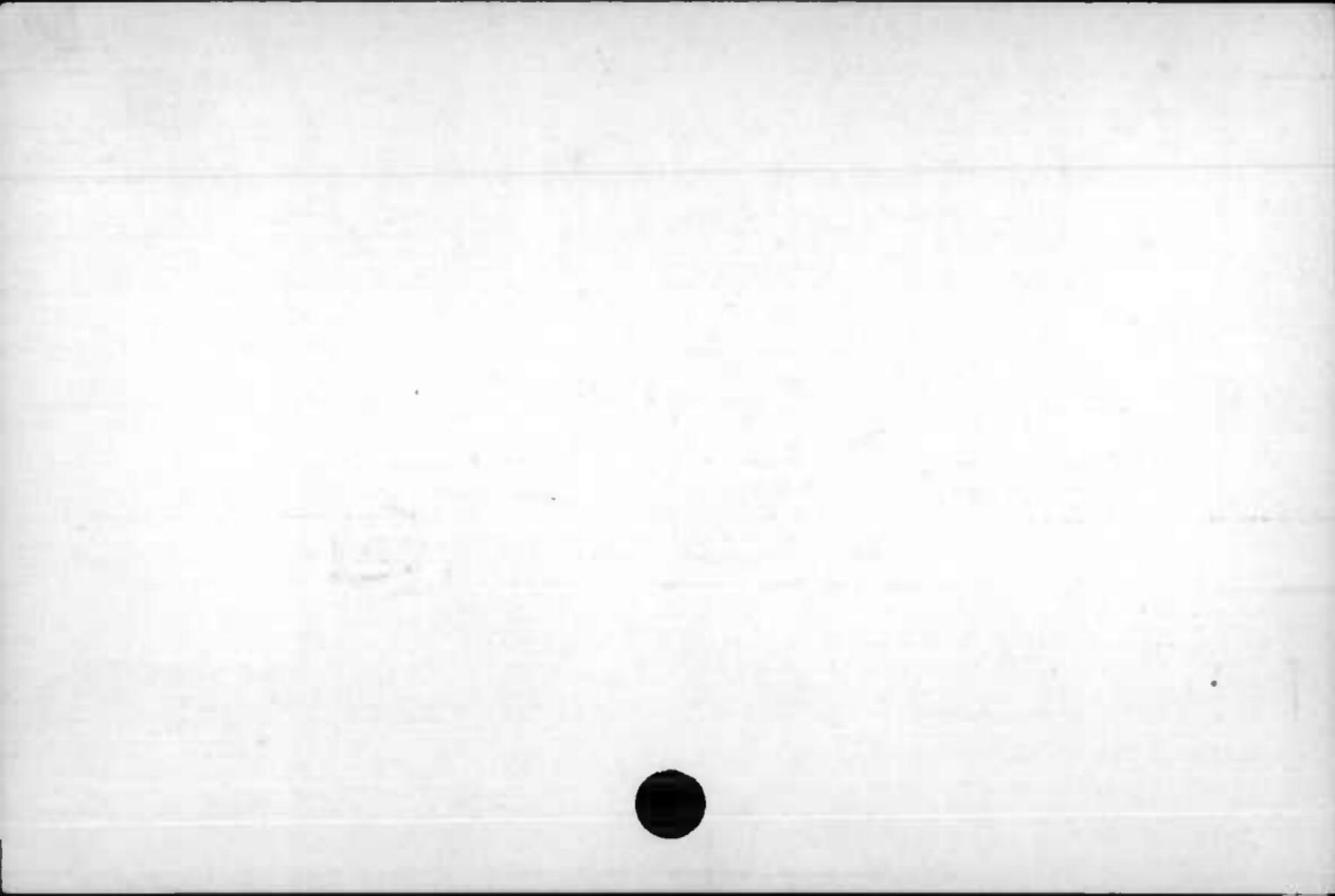
Signature of Physician

Paul Jones

Address

Snow Hill

Accident or Suicide?



Name
in
Full

Lizzie E. Buffield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|-------------------------------------|------------------------|-----------------|---------------|--|--|
| Died <u>near Snow Hill</u> | | Town <u>Snow Hill</u> | County <u>Maryland</u> | MARYLAND | | | |
| Date of death <u>1908</u> | Month <u>Jan.</u> | Day <u>8th</u> | Years <u>20</u> | Months <u>—</u> | Days <u>—</u> | | |
| Sex <u>Female</u> | Color or Race <u>Colored</u> | Birth-place <u>Maryland Co. Md.</u> | | | | | |
| Occupation <u>Domestic work</u> | Where Residing if not at place of death <u>—</u> | | | | | | |
| <u>Male</u> , Single <u>Female</u> | <u>Single</u> | Name of Wife or Husband <u>—</u> | | | | | |
| Father's Name <u>Charles E. Buffield</u> | Father's Birthplace <u>Maryland</u> | | | | | | |
| Mother's Maiden Name <u>Jane Taylor</u> | Mother's Birthplace <u>Maryland</u> | | | | | | |
| Name of person giving Information <u>Charles E. Buffield</u> | How related to deceased <u>Father</u> | | | | | | |

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

La Grippe

How long

about 10 days

Immediate

Pneumonia

How long

about 5 days

Are the name, age, sex, color, date and place correctly given above?

yes

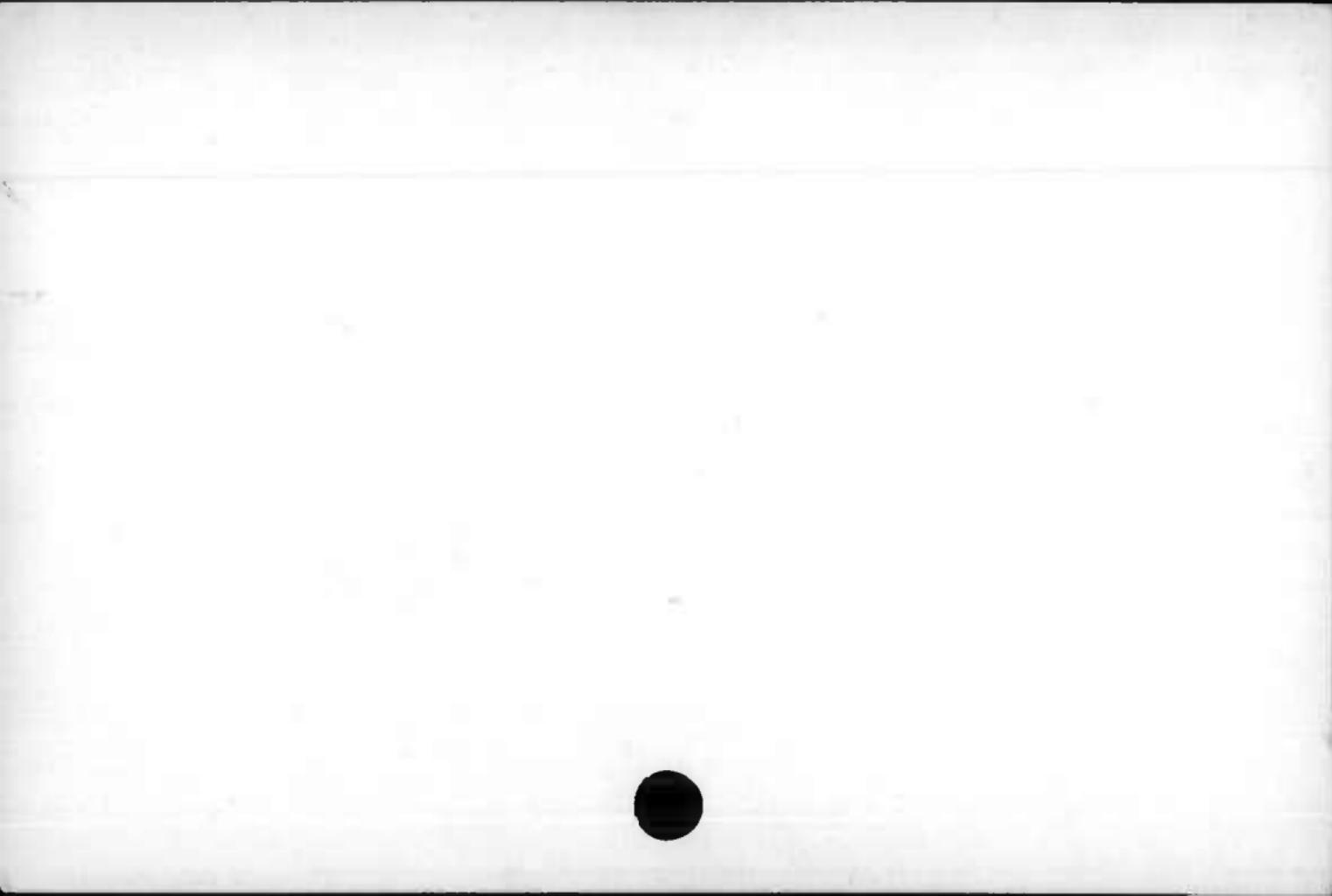
Signature of Physician

John S. Sydelotto

Address

Snow Hill
Maryland

Accident or Suicide?



Name
in
Full

Sarah Jane Harmon

CERTIFICATE OF DEATH

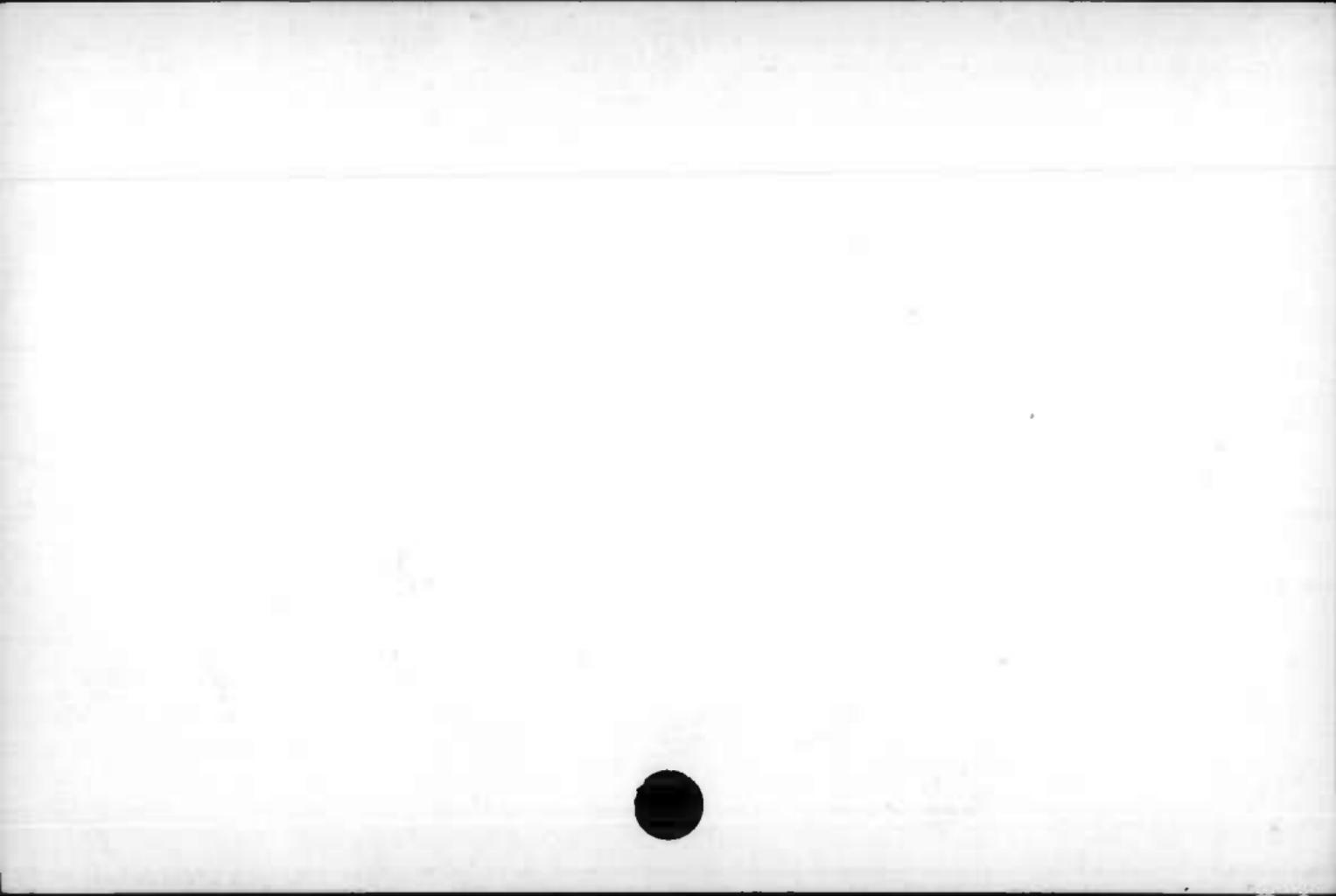
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|----------------|-------------------------|---|----------|------|--|
| Died at | | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days | |
| 1908 | Jane | 30 | Age 54 | 5 | 12 | |
| Sex | Female | Color or Race | Negro | | | |
| Occupation | Housewife | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | Asbury Harmon | | | |
| Father's Name | William Conner | | Father's Birthplace | Unknown | | |
| Mother's Maiden Name | Annie Williams | | Mother's Birthplace | Unknown | | |
| Name of person giving information | Asbury Harmon | | How related to deceased | Husband | | |

CAUSES OF DEATH

93

| | | | | |
|--|-----------|------------------------|-------------------|---------|
| PHYSICIAN OR CORONER | Primary | Pneumonia | How long | 10 days |
| | Immediate | " | How long | " |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | John L. Riley, | |
| | | Address | Snow Hill, Md. | |
| Accident or Suicide? | | | | |



Name
in
Full

Obediah Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|------------------------|----------|-------|-------------------------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Age | Years | Months Days |
| Sex | Color or Race | Birth-place | | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | Margaret Price Johnson | | | |
| Father's Name | Soutney Bevans | | | | Father's Birthplace |
| Mother's Maiden Name | Rachael Bevans | | | | Mother's Birthplace |
| Name of person giving information | D. H. Lewis | | | | How related to deceased |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Lagripse

10

How long

11 days

Immediate

"

Yes

How long

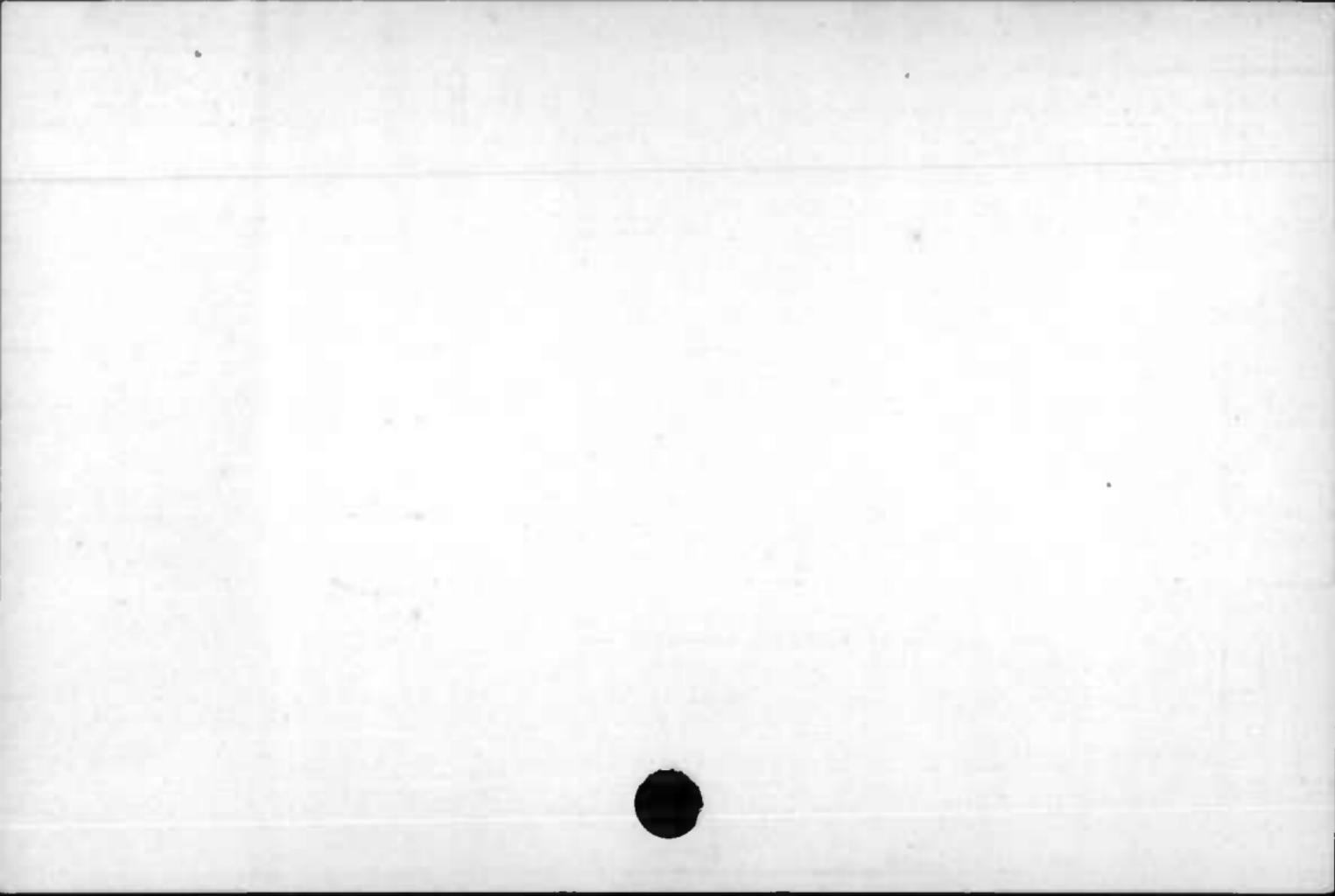
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John L. Riley,
Snow Hill
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

B.R.

William S Lankford

CERTIFICATE OF DEATH

| | | | | | | | |
|-----------------------------------|----------------|---------------|---|-------------------------------|--------------|------|--|
| Died at | | Town | County | | MARYLAND | | |
| Date of death 1908 | | Month Jan | Day 11 | Years 56 | Months | Days | |
| Sex | Male | Color or Race | White | Birth-place Worcester Co | | | |
| Occupation | Laborer | | Where Residing if not at place of death | Worcester Co Pocomoke City | | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | | | |
| Father's Name | John Lankford | | | Father's Birthplace | Worcester Co | | |
| Mother's Maiden Name | Mary Walker | | | Mother's Birthplace | 111 | | |
| Name of person giving information | Mis Thos Lewis | | | How related to deceased | Sister | | |

CAUSES OF DEATH

164

Primary

Wound of Head

How long

Jan 9 AM

Immediate

Paralysis

How long

Jan 11 PM

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Samuel L Green

Pocomoke City, Md

Fracture of blood clot

Accident or Suicide? Homicide

Name
in
Full

Sam Lorain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--------------------------------------|------------|----------------------------|--|-------|----------|--------------|
| Died at | | Town | County | | MARYLAND | |
| Date of death | 1908 | Month | Day | Years | Months | Days |
| Sex | male | Color or Race | Col | Age | 11 | 18 |
| Occupation | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | |
| Father's Name | Jas Lorain | | Father's Birthplace | | | South Berlin |
| Mother's Maiden Name | Sarah Long | | Mother's Birthplace | | | Pocomoke |
| Name of person giving Information | Jas Lorain | | How related to deceased | | | Father |

CAUSES OF DEATH

⑧

How long

Unknown

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

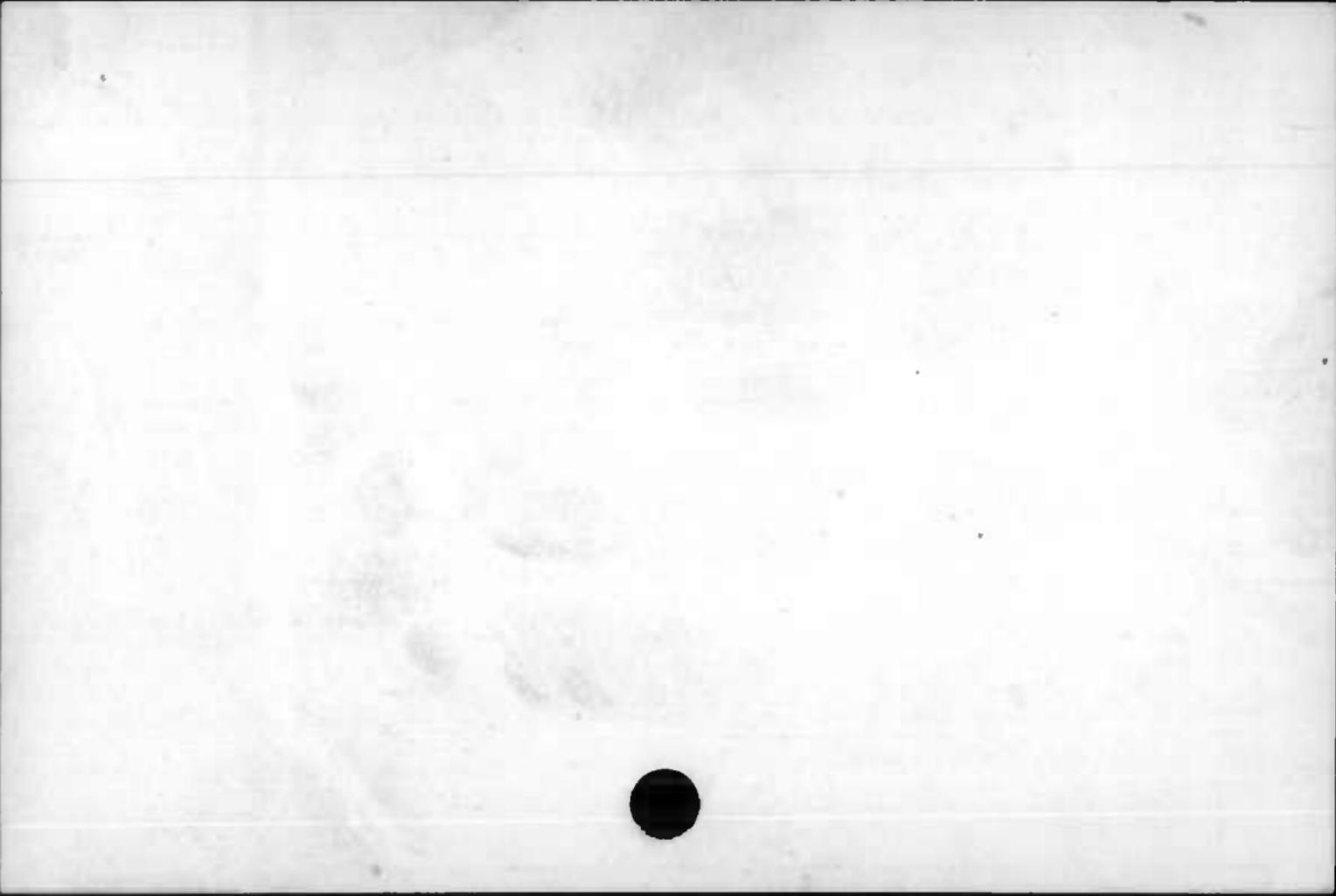
BR

978
- Accident or Suicide?

Signature of
Physician

Address

b. o. family
Pocomoke City
Maryland



Name
in
Full

Amelia McGregor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|--------------------------------------|---|----------------|-------------|-------------|
| Died at | Town | County | MARYLAND | |
| Date of death 1908 | Month | Day | Years | Months Days |
| Sex Female | Color or Race | Age 62 | Birth-place | |
| Occupation Housewife | Where Residing if not at place of death | | | |
| Married, Single or Widowed Married | Name of Wife or Husband | James McGregor | | |
| Father's Name Elijah Holloway | Father's Birthplace | | | |
| Mother's Maiden Name Amelia Holloway | Mother's Birthplace | | | |
| Name of person giving information | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cardiac Dropsey

79

How long

Immediate

6 months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Asbury Tyn dall
Berlin

Accident or Suicide?

Name
in
Full

Raymon J. Marsh

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|---|--------|-------------------------|----------|------|--|
| Died at | Town | County | MARYLAND | | | |
| Date of death | Month | Day | Years | Months | Days | |
| Sex | Color or Race | Age | Birthplace | | | |
| Occupation | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | | |
| Father's Name | George W. Marsh | | Father's Birthplace | Maryland | | |
| Mother's Maiden Name | Annie Tingle | | Mother's Birthplace | | | |
| Name of person giving information | Burris Don King | | How related to deceased | none | | |

CAUSES OF DEATH

85

PHYSICIAN
OR CORONER

| | | | | |
|--|---|------------------------|---------------|-------------|
| Primary | Injury injury | | How long | about 5 day |
| Immediate | Had a fall & produced internal hemorrhage | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | Dr R P Morris | |
| | | Address | MD | |
| Accident or Suicide? | accident | | Bishopville | |

ANNE



10

Name
in
Full

Jane Marshill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|--------|----------|--------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Age | | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name | Maryland | | | | |
| Mother's Maiden Name | Maryland | | | | |
| Name of person giving information | None | | | | |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Senility
Pneumonia

How long

Unknown

Immediate

Are the name, age, sex, color, date and place correctly given above?

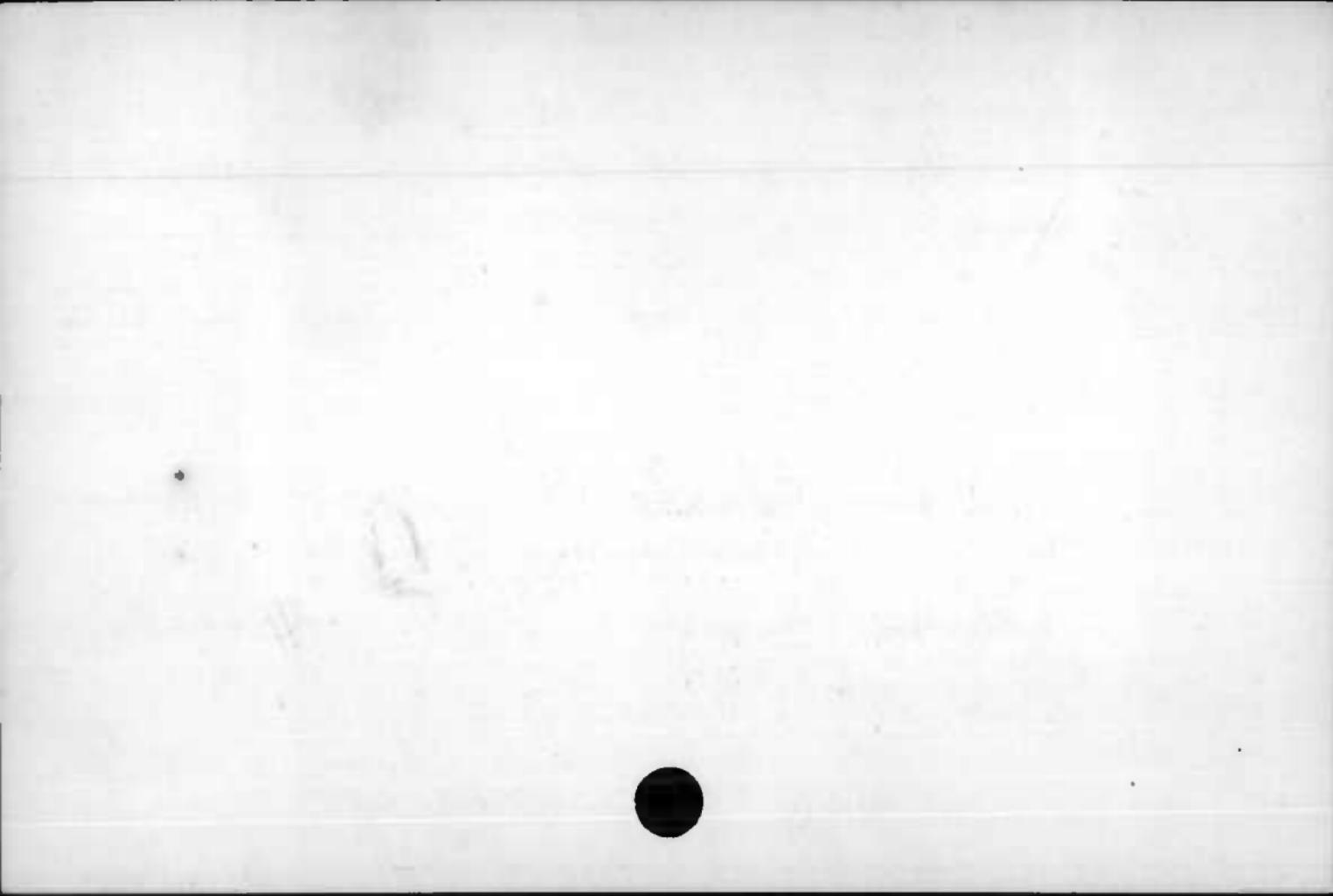
Signature of Physician

Address

Jadok. P. Henn
Berlin
Md

BR

Accident or Suicide?



Name
in
Full

Mary Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|----------------------------------|-----------------------|---|-------------------------|-------------------------------------|---------------|--|
| Died at <u>Wilbourn</u> | | Town <u>Worcester</u> | | County <u>Worcester</u> | | MARYLAND | |
| Date of death <u>1908 Jan 2</u> | Month <u>Jan</u> | Day <u>2</u> | Age <u>9</u> | Years <u>9</u> | Months <u>0</u> | Days <u>0</u> | |
| Sex <u>Female</u> | Color or Race <u>colored</u> | | | Birth-place <u>MD</u> | | | |
| Occupation <u>Wife</u> | | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <u>single</u> | Name of Wife or Husband <u>—</u> | | | | | | |
| Father's Name <u>Charlie Martin</u> | | | | | Father's Birthplace <u>MD</u> | | |
| Mother's Maiden Name <u>Nellie Dix</u> | | | | | Mother's Birthplace <u>MD</u> | | |
| Name of person giving Information <u>John Roberts</u> | | | | | How related to deceased <u>wife</u> | | |

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary

Typhoid fever

How long

8 weeks

Immediate

Chancroid

How long

7 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

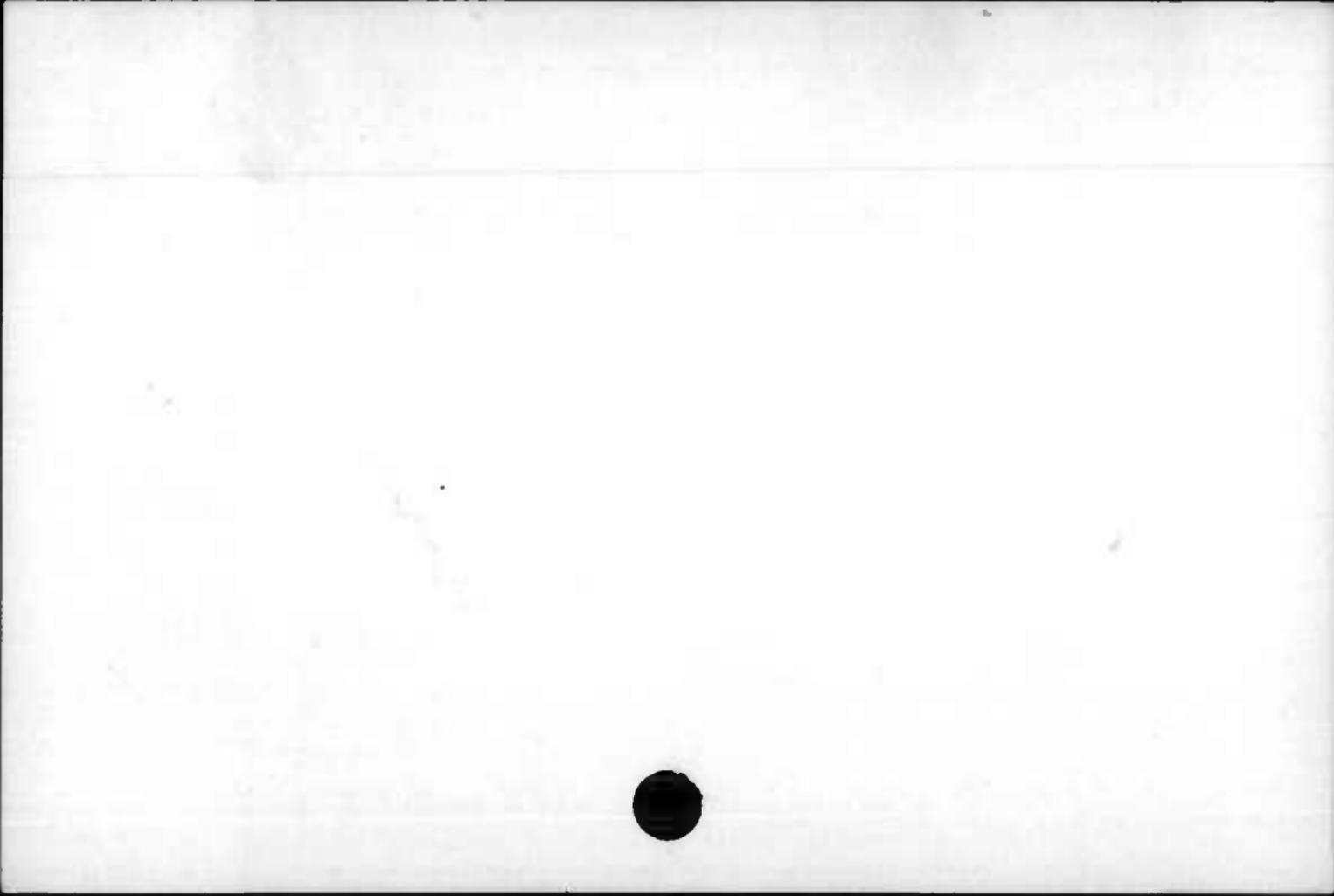
Address

J D Dickerson

Sticksboro

Worcester Co

Accident or Suicide?



Name
in
Full

Chas. E. Massey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Parkersburg Town WV County

MARYLAND

Date of death 1908 Month Jan Day 10 Years 25 Months - Days -

Sex Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Labor

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

W. Known

Father's
Name

John. E. Massey

Father's
Birthplace

Maryland

Mother's
Maiden Name

Sally Widdow

Mother's
Birthplace

Maryland

Name of person giving
Information

George W. Massey

How related
to deceased

Uncle

CAUSES OF DEATH

27

How long

One year

How long

One year

Primary

Tuberculosis

Immediate

Tuberculosis

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

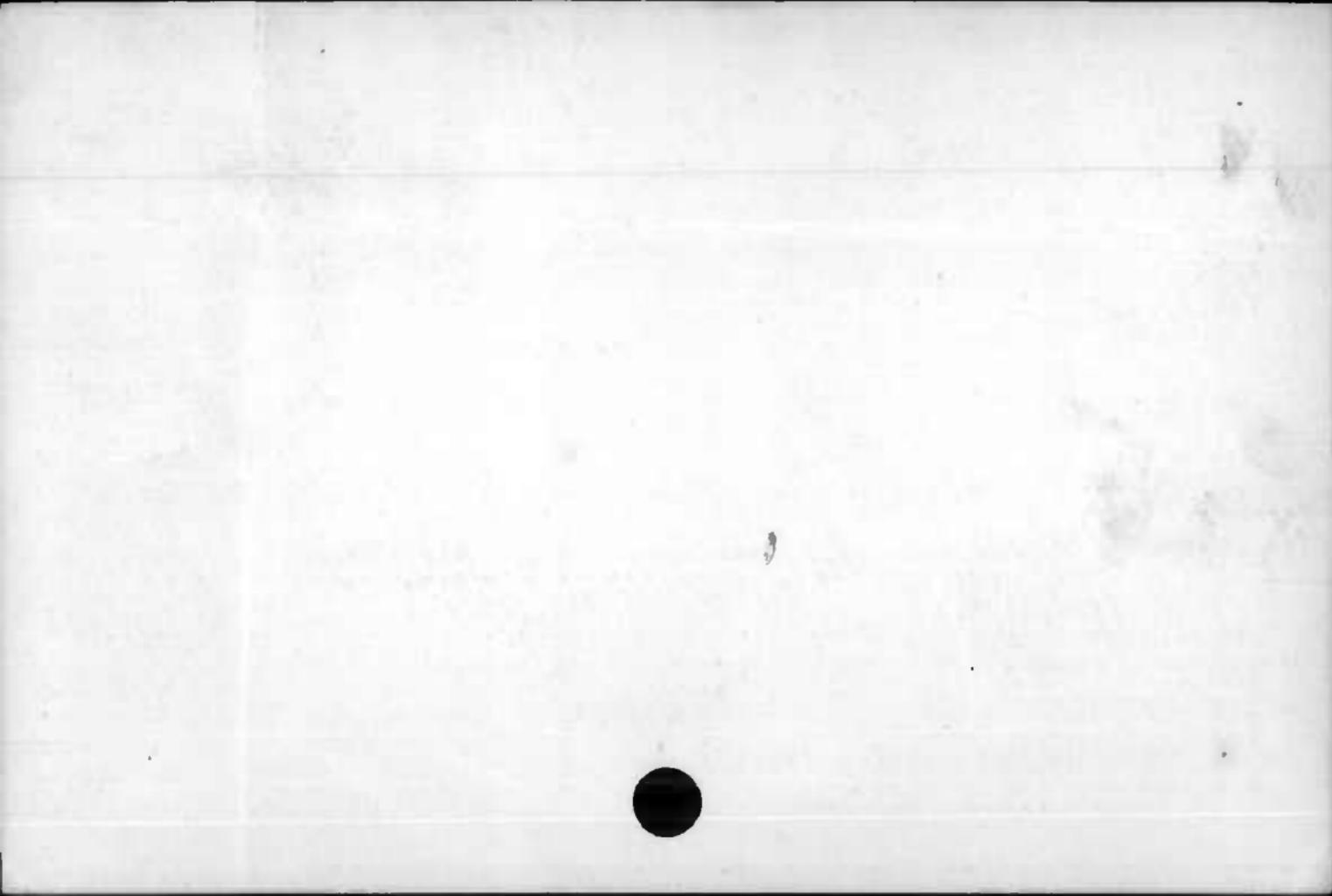
Yes

Address

Bob Colvin
Bethelville
MD

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

unnamed Munill

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

| | | | | | | | |
|--|--|--------------------------------|--------------|------------------------|-----------------|----------------|--|
| Died at <u>Pocomoke City</u> | | Town <u>Pocomoke City</u> | | County <u>Maryland</u> | | MARYLAND | |
| Date of death <u>1908</u> | Month <u>1</u> | Day <u>16</u> | Age <u>—</u> | Years <u>—</u> | Months <u>4</u> | Days <u>14</u> | |
| Sex <u>Male</u> | Color or Race <u>white</u> | Birth-place <u>md.</u> | | | | | |
| Occupation <u>none</u> | Where Residing if not at place of death <u>—</u> | | | | | | |
| Married, Single or Widowed <u>single</u> | Name of Wife or Husband <u>—</u> | Father's Birthplace <u>md.</u> | | | | | |
| Father's Name <u>Thomas Munill</u> | Mother's Birthplace <u>va</u> | | | | | | |
| Mother's Maiden Name <u>Florence Ruth</u> | How related to deceased <u>Father</u> | | | | | | |
| Name of person giving information <u>This Munill</u> | | | | | | | |

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary

Bronchitis

How long
8 weeks

Immediate

Exhaustion

How long
some hours

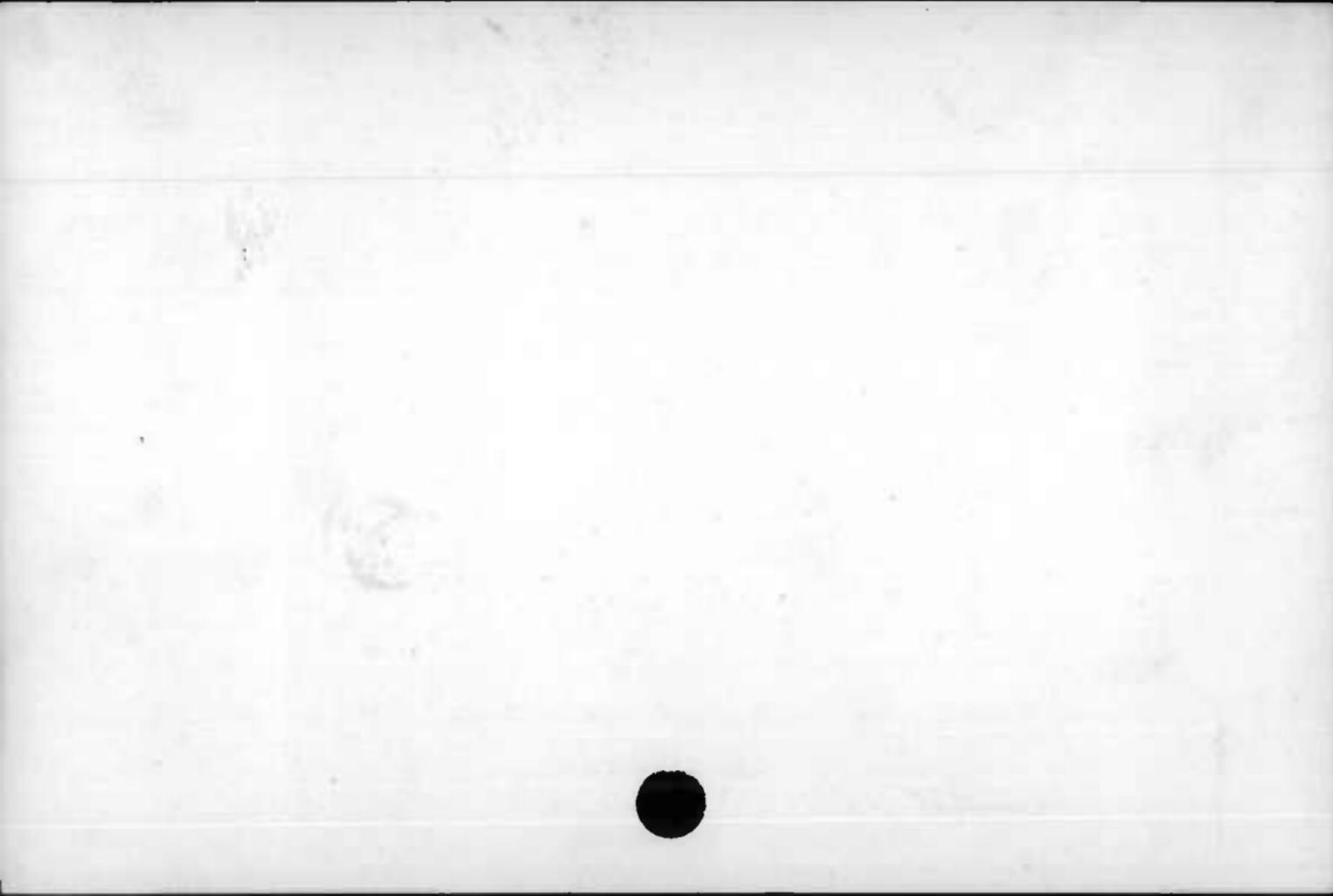
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Tom Williams

Address

Accident or Suicide?



Name
in
Full

Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|--------------|--------------|------------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| 1908 | Jan | 28 | Age | Still Born | |
| Sex | Color or Race | Birth-place | Pawmoke City | | |
| Male | white | Pawmoke City | Pawmoke City | | |
| Occupation | Where Residing if not at place of death | | | | |
| Infant | Pawmoke City | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| | | | | | |
| Father's Name | Chas Miller | | | | |
| Mother's Maiden Name | Alvra Pusey | | | | |
| Name of person giving information | Chas Miller | | | | |

CAUSES OF DEATH

How long

Still Born

How long

PHYSICIAN
OR CORONER

Primary

Immediate

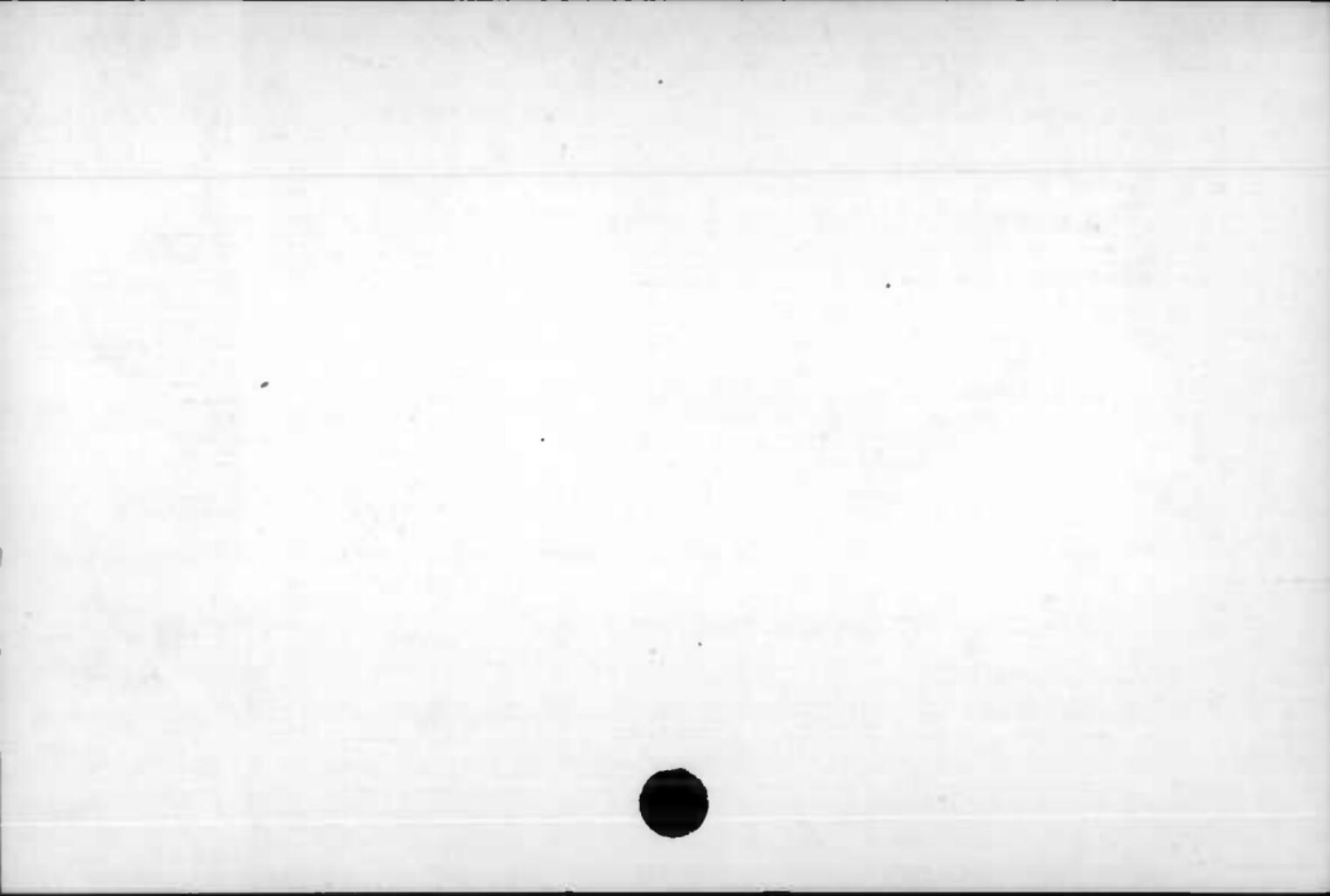
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Paul Miller
Pawmoke City, Md.

Accident or Suicide?



Name
in
Full

Elijah B. Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | |
|-----------------------------------|---|---------------|-------|-------------|-----|
| Town | | County | | MARYLAND | |
| Died at | Snow Hill | Worcester | | | |
| Date of death | 1908 Jan 22 | Age | 81 | Months | 1 |
| Sex | Male | Color or Race | White | Birth-place | Md. |
| Occupation | Liveryman | | | | |
| Married, Single or Widowed | Where Residing if not at place of death | | | | |
| Father's Name | don't know | | | | |
| Mother's Maiden Name | don't know | | | | |
| Name of person giving Information | Ernest Parsons | | | | |

CAUSES OF DEATH

Primary

Weak Disease.

79

How long

Years

Immediate

Weak failure

How long

few seconds

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

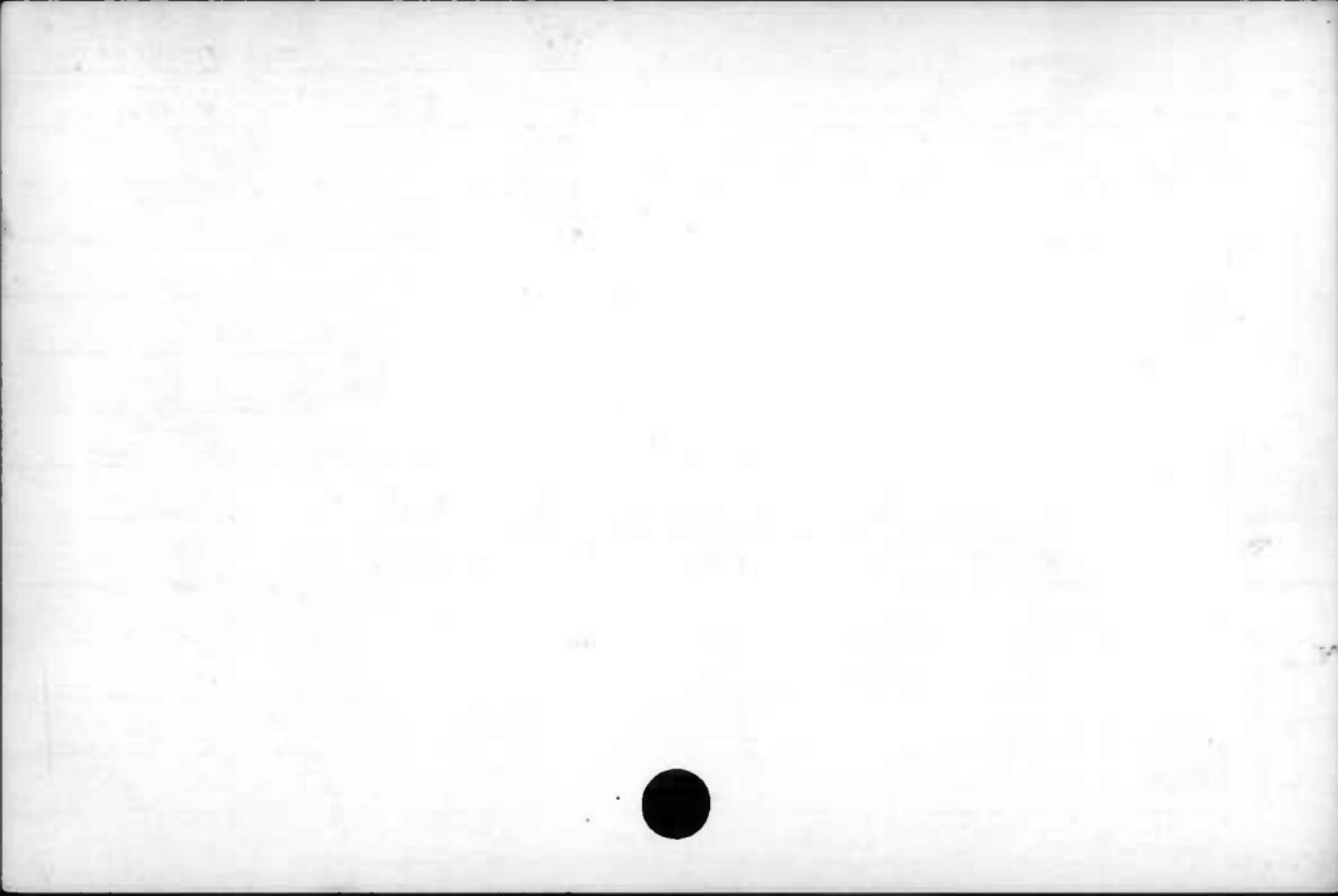
Address

70 Physician

81

Rue Jones
Snow Hill

Accident or Suicide



Name
in
Full

Morris Wilson Pilchard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Stockbridge

Town

County

MARYLAND

Date
of death

1908 Jan

Month

8

Day

Years

1

Months

10

Days

5-

Age

Sex

Male

Color or
Race

white

Birth-
place

Mar

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

-

Father's
Name

Charles C Pilchard

Father's
Birthplace

Mar

Mother's
Maiden Name

Ruth M Sturgis

Mother's
Birthplace

Mar

Name of person giving
Information

Gas N Pilchard

How related
to deceased

uncle

CAUSES OF DEATH

9

Primary

Meningeous Disease

How long

2 days

Immediate

Asphyxian

How long

8 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

yes

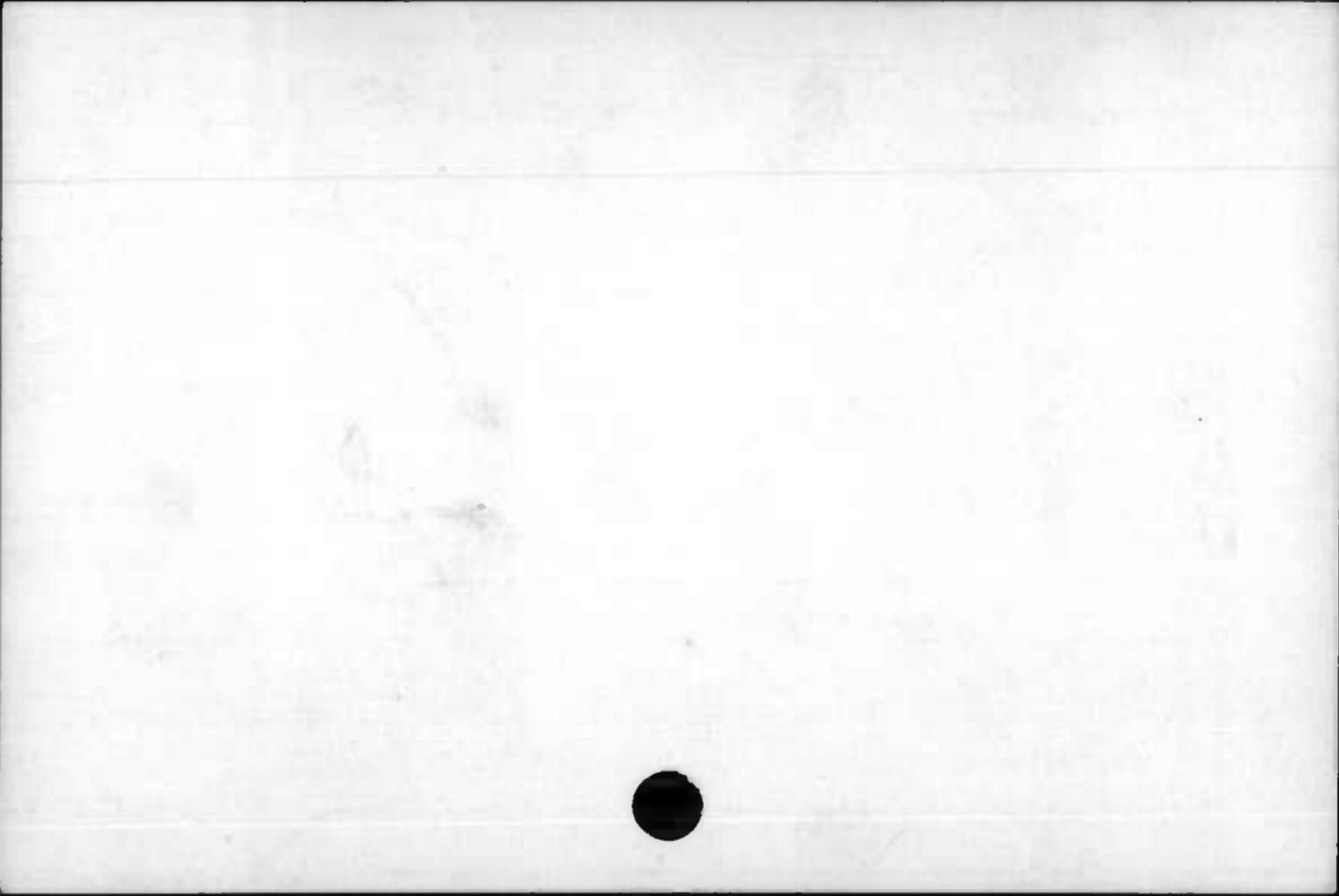
Signature of
Physician

J. D. Dickerson

Address

Stockbridge
Worcester Co

Accident or Suicide?



Name
in
Full

Avery Burnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--|--|-----------------------------|-----------------|---------------|-----------------|---------------|
| Died at <u>Bethel</u> , Town | | County <u>worcester</u> | | MARYLAND | | |
| Date of death <u>1908</u> | Month <u>Jan</u> | Day <u>21</u> | Years <u>65</u> | Age <u>65</u> | Months <u>-</u> | Days <u>-</u> |
| Sex <u>Male</u> | Color or Race <u>Black</u> | Birth-place <u>Maryland</u> | | | | |
| Occupation <u>Laborer</u> | Where Residing if not at place of death <u>Sarah Burnell</u> | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | | |
| Father's Name <u>Leven Burnell</u> | Father's Birthplace <u>Maryland</u> | | | | | |
| Mother's Maiden Name <u>Amelia Ballins</u> | Mother's Birthplace <u>Maryland</u> | | | | | |
| Name of person giving Information <u>Victor Gray</u> | How related to deceased <u>son</u> | | | | | |

CAUSES OF DEATH

10

Primary

Lagriple

How long
1 week

Immediate

Heart failure

How long

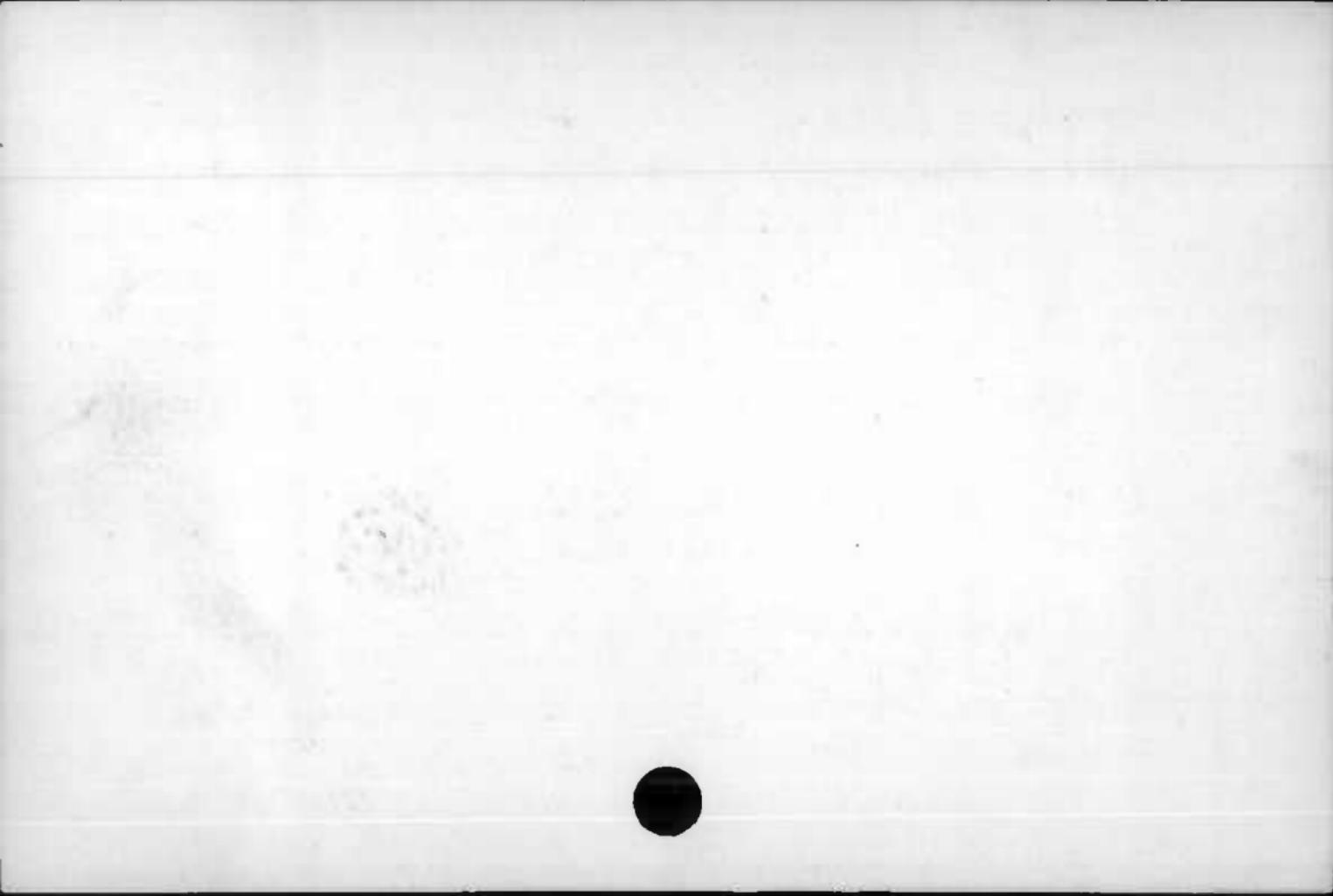
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Elie Hollings
Bethel St



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Eliza Farnell
Town
Died at

County

Worcester

MARYLAND

| | | | | | |
|--------------------------------------|--|----------------------------|------------------|-----------------|------------|
| Date of death | Month | Day | Years | Months | Days |
| 1908 | Jan | | 70 | | |
| Sex | Female | Color or Race | Bk | Birth- place | Wor Co. Md |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Widow | Name of Wife or Husband | Mitchell Farnell | | |
| Father's Name | Harry Spence | | | | |
| Mother's Maiden Name | Unknown | | | | |
| Name of person giving Information | Seville Farnell | | | | |

10

CAUSES OF DEATH

Primary

Pneumonia following "trip"

How long

2 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

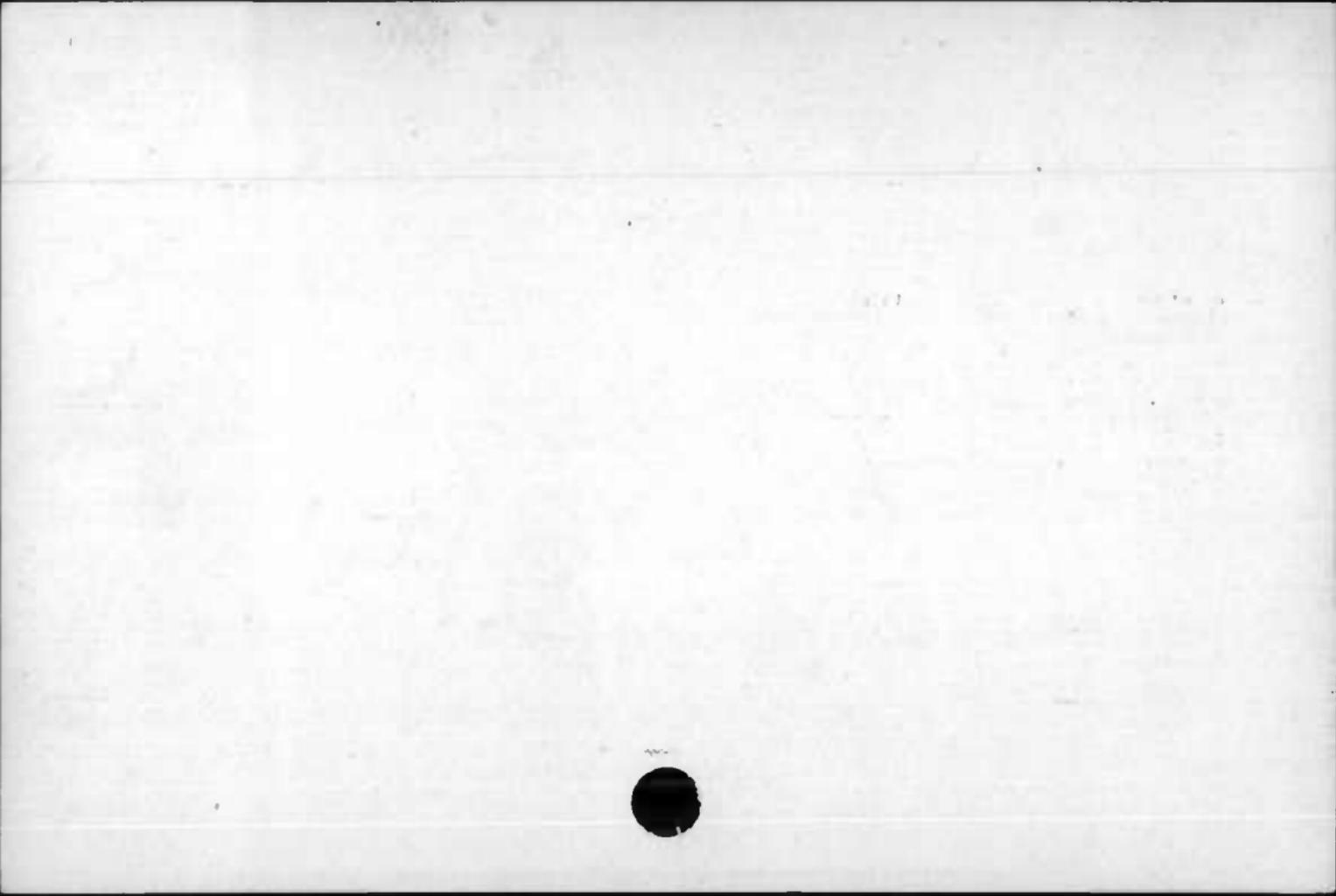
yes

Signature of
Physician

Address

Paul Jones
Snow Hill Md

Accident or Suicide?



Name
In
Full

Preston Penruel

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | |
|--|---|-----------------------|--------------|-------------------------|-----------------|---------------|--|--|
| Died at <u>Stockton</u> | | Town <u>Worcester</u> | | County <u>Worcester</u> | | MARYLAND | | |
| Date of death <u>1908</u> | Month <u>1</u> | Day <u>17</u> | Age <u>—</u> | Years <u>—</u> | Months <u>—</u> | Days <u>2</u> | | |
| Sex <u>Male</u> | Color or Race <u>Black</u> | Birth-place <u>Md</u> | | | | | | |
| Occupation <u>Painter</u> | Where Residing if not at place of death <u>Md</u> | | | | | | | |
| Married, Single or Widowed <u>Single</u> | Name of Wife or Husband <u>—</u> | | | | | | | |
| Father's Name <u>C. H. Penruel</u> | Father's Birthplace <u>Md</u> | | | | | | | |
| Mother's Maiden Name <u>Berlie R. Handley</u> | Mother's Birthplace <u>Md</u> | | | | | | | |
| Name of person giving information <u>C. H. Penruel</u> | How related to deceased <u>Father</u> | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Failure

179

How long

2 weeks

Immediate

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. C. Payne, Jr.
Stockton, Md.

Accident or Suicide?

Mary Jane Robbins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|-----------------|-------------------------|-----------------|---|-------------|------|
| Died at | | Town | County | MARYLAND | | |
| Date of death | 1908 | Month Jan | Day 29 | Years 48 | Months | Days |
| Sex | Female | Color or Race | Colored | Birth-place | Rosedale Co | |
| Occupation | Domestic | | | Where Residing if not at place of death | ✓ | |
| Married, Single or Widowed | Married | Name of Wife or Husband | Punelle Robbins | | | |
| Father's Name | Geo. Lane | | | Father's Birthplace | Monroe Co | |
| Mother's Maiden Name | Margaret Roach | | | Mother's Birthplace | Rosedale Co | |
| Name of person giving Information | Punelle Robbins | | | How related to deceased | Husband | |

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Probably Heart disease

How long

✓

Immediate

Died Suddenly

How long

✓

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R. Reestael

Address

Pocoroket City Md

Accident or Suicide

(Was dead when I reached the house)

Name
in
Full

James St Shockley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

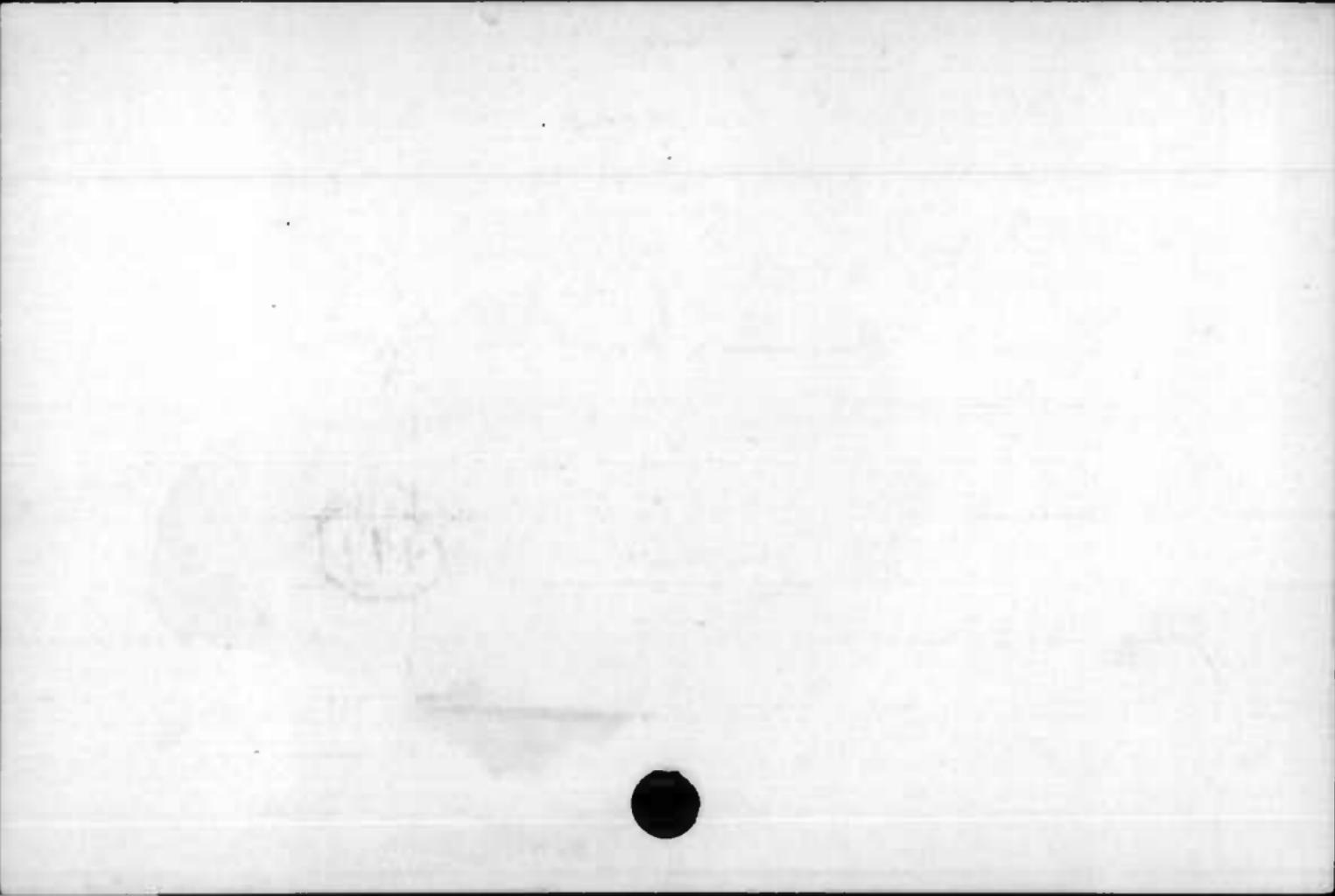
| | | | | | | | |
|--------------------------------------|----------------------------|------------------|---|-------|----------|------|--|
| Died at | | Town | County | | MARYLAND | | |
| Date of death | 1908 | Month | Day | Years | Months | Days | |
| Sex | Male | Color or Race | Age | 87 | - | - | |
| Occupation | Worsted Farmer | | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | Where Residing if not place of death | | | | |
| Father's Name | Unknown | | Father's Birthplace | | | | |
| Mother's Maiden Name | Unknown | | Mother's Birthplace | | | | |
| Name of person giving Information | Chas Shockley | | How related to deceased | | | | |

CAUSES OF DEATH

179

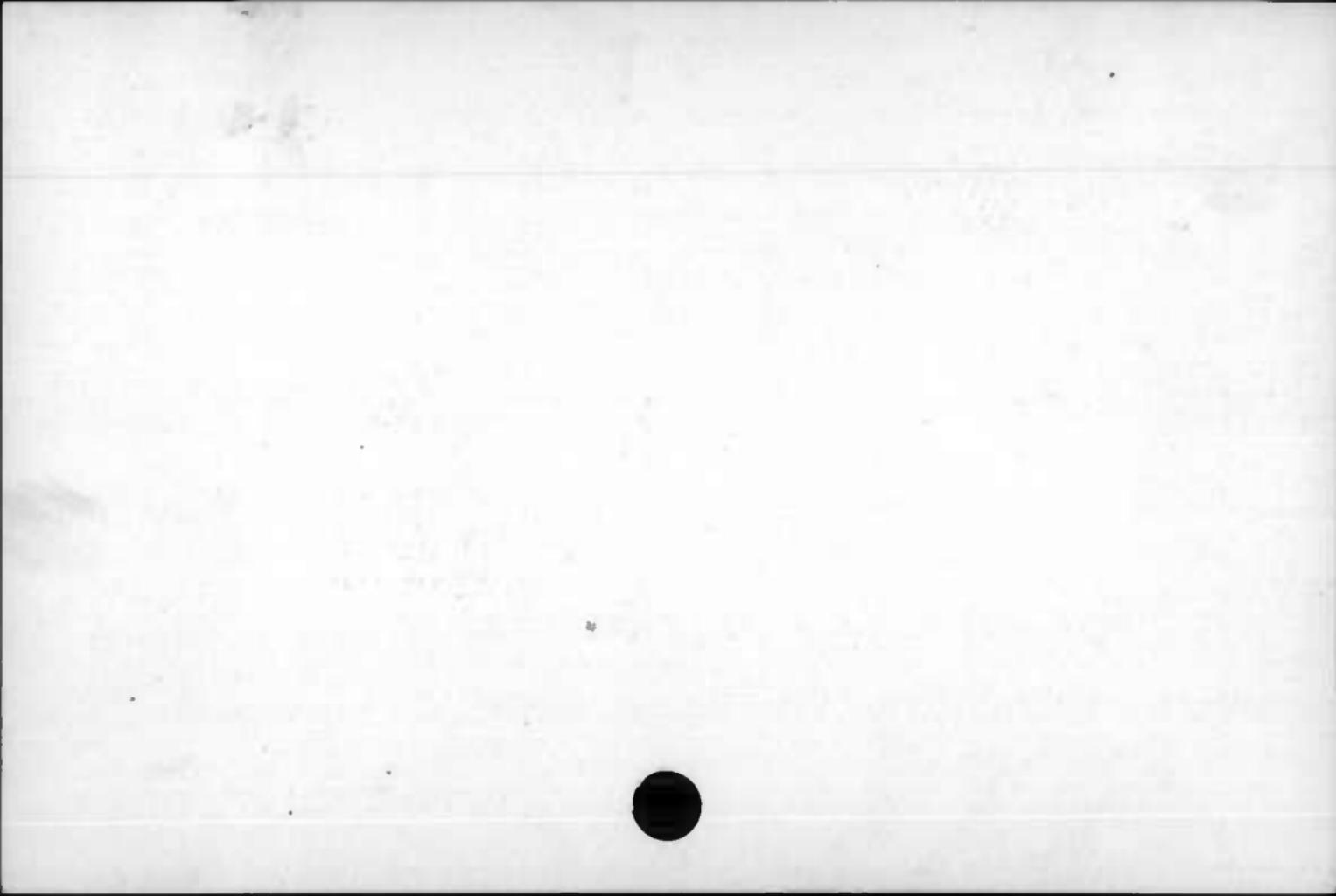
PHYSICIAN
OR CORONER

| | | |
|---|---------------|--|
| Primary | Senility - | |
| Immediate | Heart Failure | |
| Are the name, age, sex, color, date and place correctly given above? | | |
| Yes | | |
| Signature of Physician | | |
| Address | | |
| Accident or Suicide? | | |
| A | | |
| Lue Jones Snow Hill Md | | |



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

| | | | | | | |
|---|--|------------------------------|--|----------|---------------------------------|-------------------------------|
| Died at | | Town <i>Sykesville</i> | County <i>Worcester</i> | MARYLAND | | |
| Date of death | Month | Day 19 | Years 22 | Months | Days | |
| Sex Male | Color or Race white | Birth- place <i>Md</i> | | | | |
| Occupation <i>Farmer</i> | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed Singly | Name of Wife or Husband <i>None</i> | | | | | |
| Father's Name <i>James B. Sullin</i> | Father's Birthplace <i>Md</i> | | | | | |
| Mother's Maiden Name <i>Miss Bixby</i> | Mother's Birthplace <i>27</i> | | | | | |
| Name of person giving Information <i>Henry Sutherland</i> | How related to deceased | | | | | |
| CAUSES OF DEATH | | | | | | |
| Primary <i>Epileptic</i> | | | | | | 69 |
| Immediate | | | | | | How long <i>Sound dead</i> |
| Are the name, age, sex, color, date and place correctly given above? | | | Signature of Physician <i>None</i> | | Address <i>OK D A Massey</i> | |
| Accident or Suicide? | | | | | | |



Name
in
Full

Vijay Quillian

CERTIFICATE OF DEATH

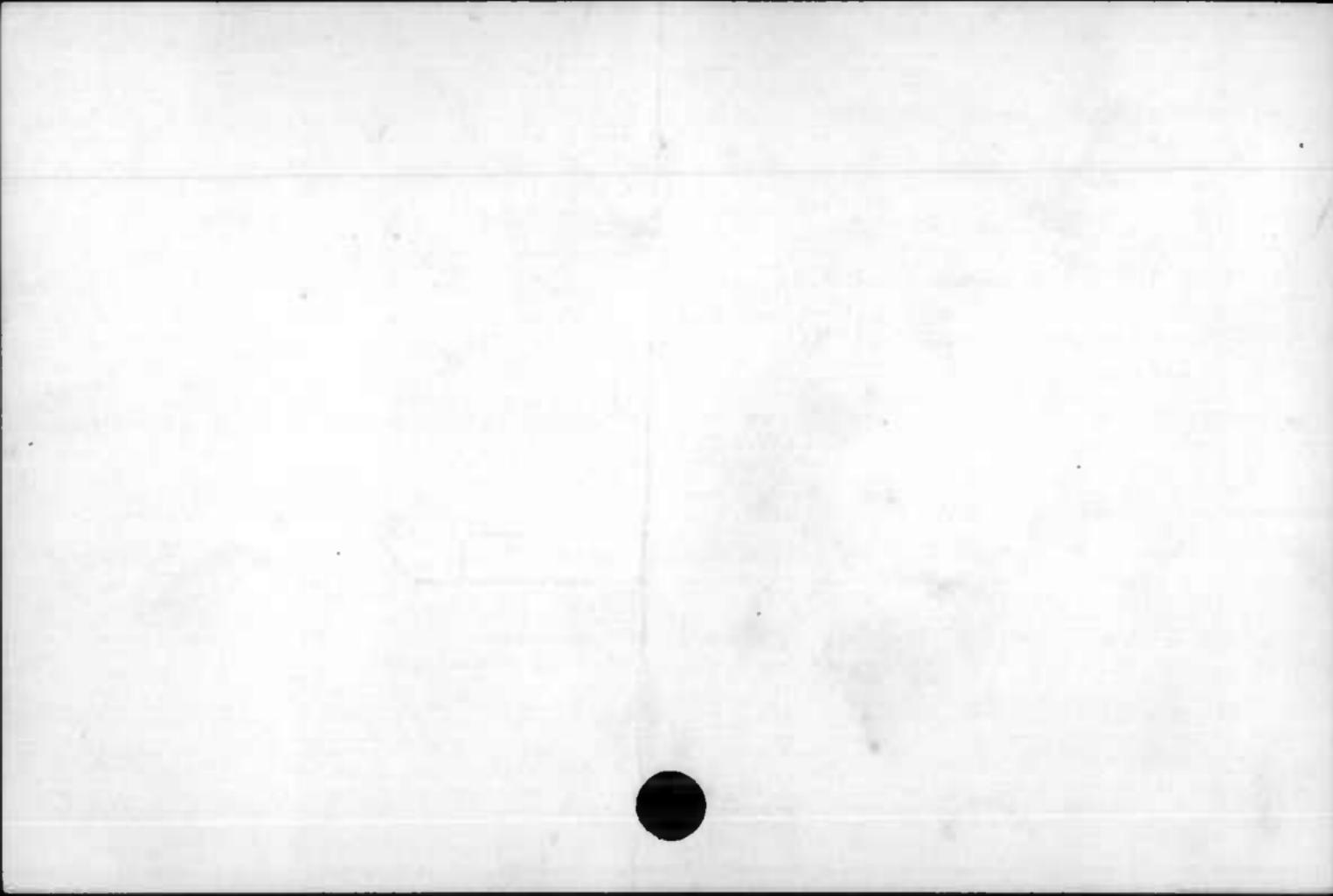
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|--------------------|-------------------------|---|-----------|-------------------------|--------|
| Died at | | Town | County | | MARYLAND | |
| Date of death 1908 | | Month Jan | Day 23 | Age 20 | Years | Months |
| Sex | Female | Color or Race | Birth-place Berlin Md | | | |
| Occupation | House work | | Where Residing if not at place of death Ocean City Md | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | | | |
| Father's Name | Robert C. Quillian | | Father's Birthplace | Towson Md | | |
| Mother's Maiden Name | Nathie E. Hansen | | Mother's Birthplace | Berlin Md | | |
| Name of person giving information | | | | | How related to deceased | |

CAUSES OF DEATH

18

| | | | |
|--|-----------|------------------------|----------|
| PHYSICIAN OR CORONER | Primary | Cyanide | |
| | Immediate | Concentrated gas | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | How long |
| | | T. J. Townsend | |
| | | Address | |
| Accident or Suicide? | | Ocean City Md | |



Name
in
Full

Minnie U. Tarr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|--------|-------------|-------|--------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Age | Years | Months |
| Sex | Color or Race | white | Birth-place | Days | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name | William Tarr | | | | |
| Mother's Maiden Name | Harriet Sturgis. | | | | |
| Name of person giving information | Wm T. Tarr | | | | |

28

PHYSICIAN
OR CORONER

Primary *Tuberculous meningitis*

Immediate

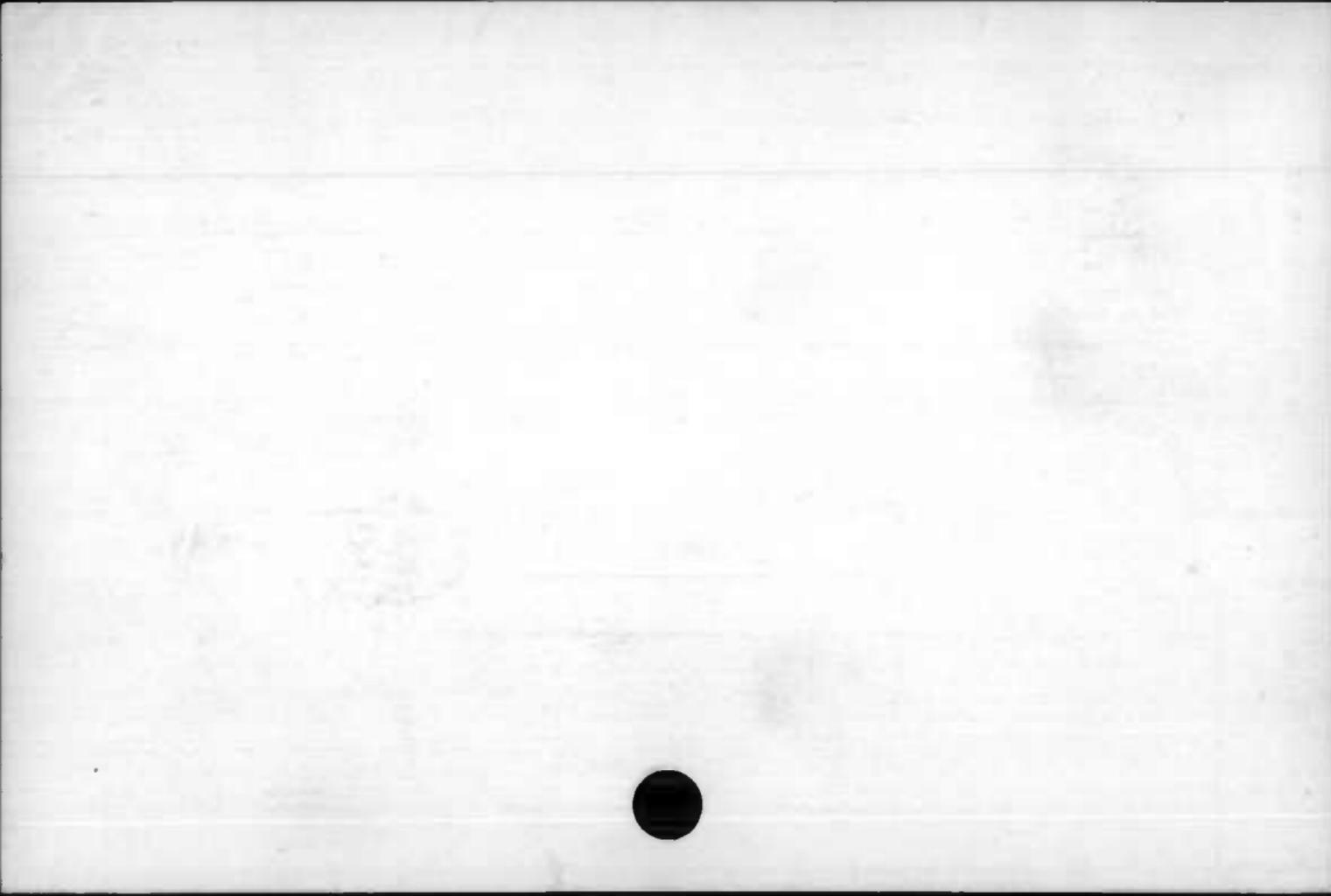
Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

John L. Riley.
Snow Hill,
Maryland.



Name
in
Full

Eustende Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--------------|---------------|---|-------------|---------------------|---------------|--|
| Died at | | Town | County | | MARYLAND | | |
| Date of death | 1909 | Month Jun | Day 11 | Years | Months 9 | Days | |
| Sex | Female | Color or Race | Colored | Birth-place | Pocomoke City | | |
| Occupation | Surfaut | | Where Residing if not at place of death | — | | | |
| Married, Single or Widowed | — | | Name of Wife or Husband | — | | | |
| Father's Name | Ira Taylor | | ✓ | | Father's Birthplace | Pocomoke City | |
| Mother's Maiden Name | Jennie Mills | | ✓ | | Mother's Birthplace | “ “ | |
| Name of person giving Information | “ | “ | How related to deceased | | Mother | | |

CAUSES OF DEATH

4

PHYSICIAN
OR CORONER

Primary

Malaria & Indigestion

How long

3 weeks

Immediate

Congestion of Brain

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

F. W. L. Taylor
Pocomoke City Md

Accident or Suicide?

017010 .

Name
in
Full

Theresa Pringle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|---|---|--------------------------|-------------|------------------------------------|-----------|------|
| Town | Died at New Whitneyville | | | County | Worcester | |
| Date of death 1908 | Month Jan | Day 11 | Years 73 | Age | Months | Days |
| Sex Male | Color or Race Colored | Birth- place Maryland | | | | |
| Occupation Gardener | Where Residing if not at place of death at home | | | | | |
| Married, Single or Widowed widower | Name of Wife or Husband Don't Know | | | | | |
| Father's Name Bartow Pringle | | | | Father's Birthplace Maryland | | |
| Mother's Maiden Name Clarrie Howell | | | | Mother's Birthplace Maryland | | |
| Name of person giving Information Theresa Pringle | | | | How related to deceased son | | |

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary

Dropsey

How long

one year

Immediate

No

How long

one year

Are the name, age, sex, color, date
and place correctly given above?

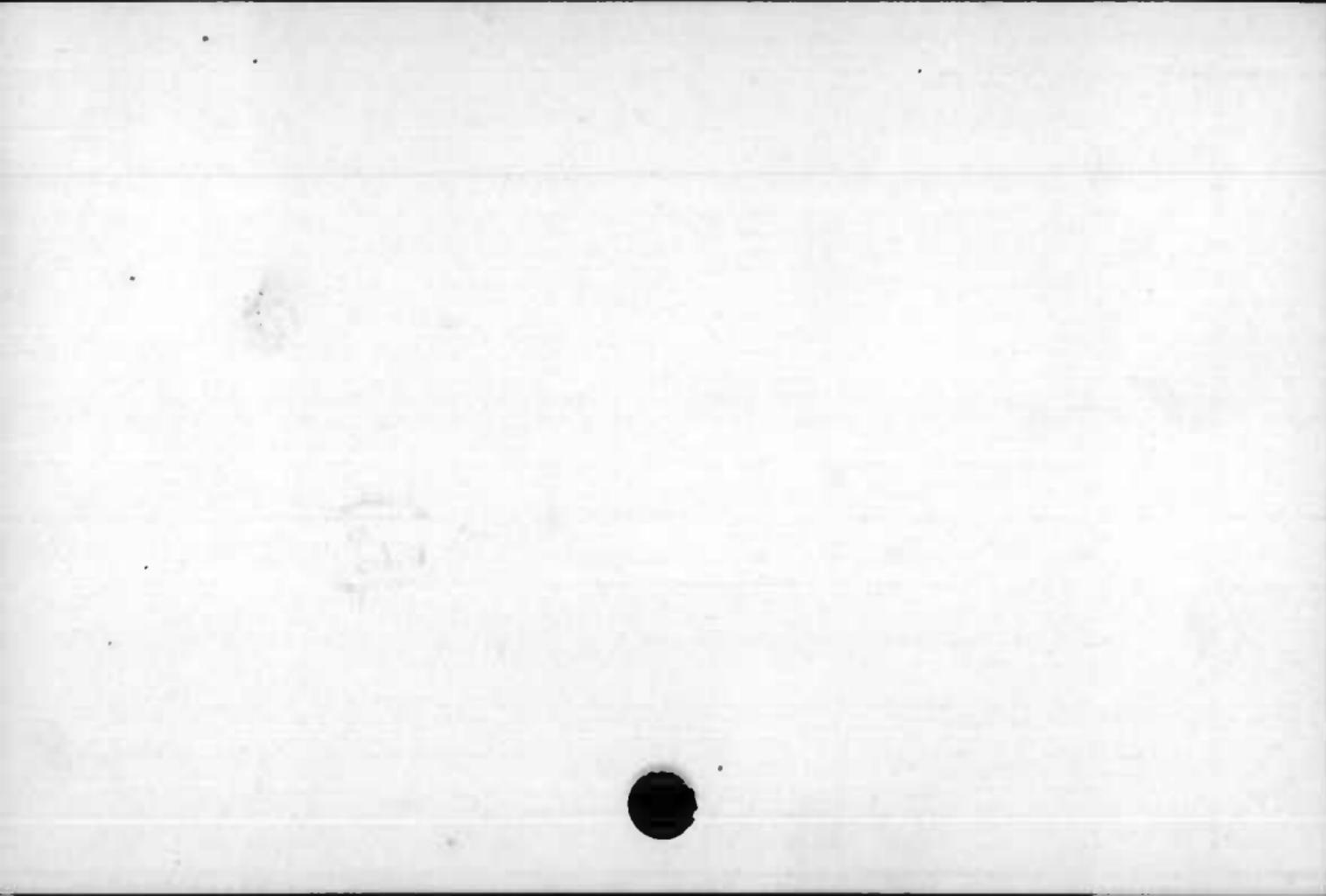
Yes

Signature of
Physician

Address

R Rayne Bishopsville
Md.

Accident or Suicide?



Name
in
Full

Emmanuel Vincent

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Pennsville

County

Monroe

MARYLAND

Date
of death

1908

Month

1

Day

22

Years

—

Months

—

Days

—

Sex

Female

Color or
Race

White

Birth-
place

MD.

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

J. Frank Vincent

Father's
Birthplace

MD.

Mother's
Maiden Name

Eliza E. Dixon

Mother's
Birthplace

W. Va

Name of person giving
Information

J. Frank Vincent

How related
or connected

Father

CAUSES OF DEATH

(S)

Primary

Still Born

How long

Immediate

Stillborn

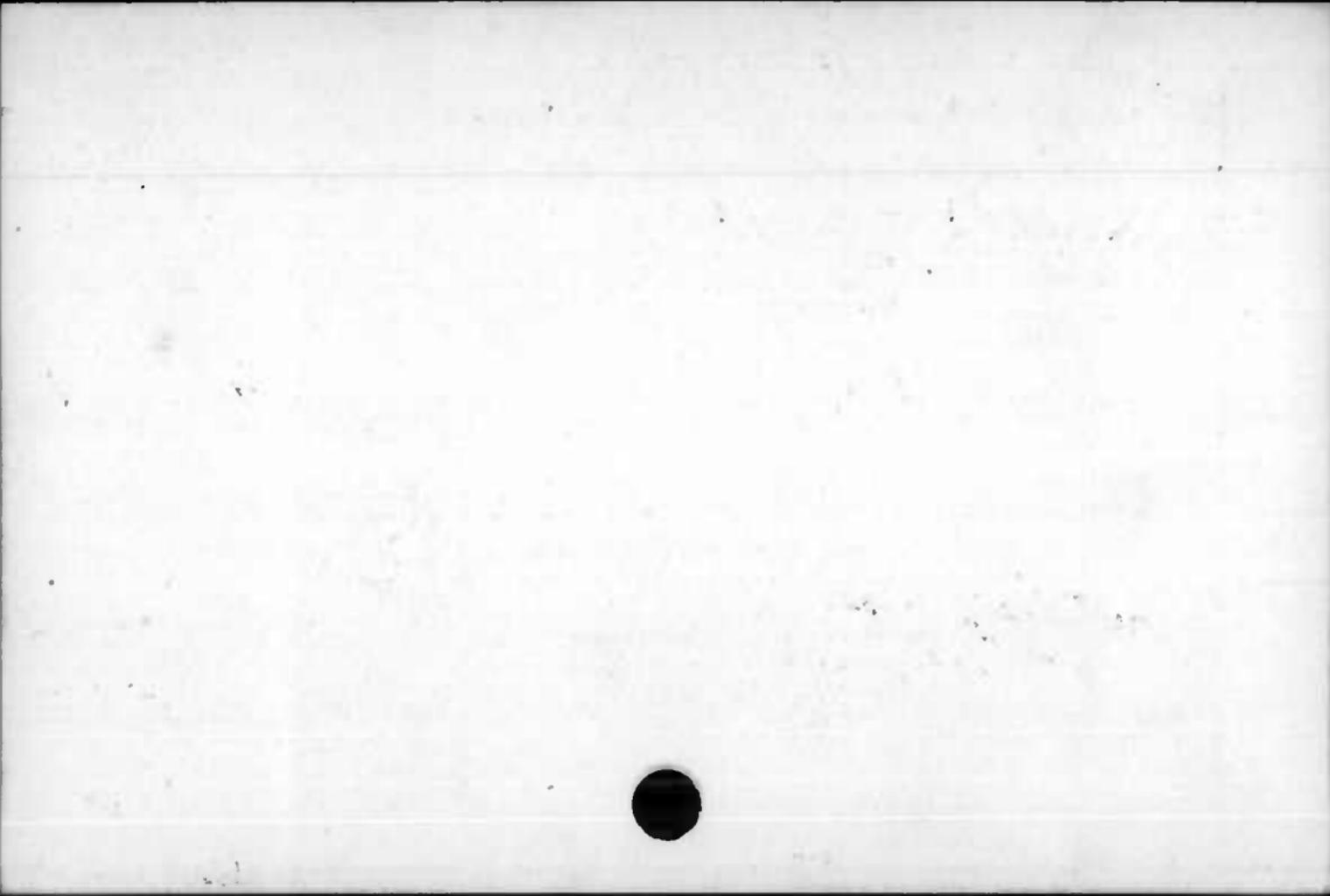
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

| | | | | | | |
|---|---|--|--|--------------------------------------|--------------------|------|
| Died at <i>Burles</i> | | Town | County <i>Worcester</i> | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>May</i> | Day <i>9</i> | Years <i>49</i> | Age <i>49</i> | Months <i>7</i> | Days |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birth- place <i>End</i> | | | | |
| Occupation <i>House wife</i> | Where Residing if not at place of death <i>Tom Watson</i> | | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband <i>Tom Watson</i> | Father's Name <i>James Bolby</i> | | Father's Birthplace <i>End</i> | | |
| Mother's Maiden Name <i>Rachel</i> | Mother's Birthplace <i>End</i> | | How related to deceased <i>Husband</i> | | | |
| Name of person giving Information <i>Tom Watson</i> | | | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Pulmonary Tuberculosis</i> | How long <i>2 years</i> |
| Immediate <i>Yes</i> | Signature of Physician <i>Robert Tyndale</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Address <i>Burles End</i> |
| Accident or Suicide? <i>—</i> | |

